2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2008
Secretary of State

DOCUMENT# N06000009461

Entity Name: CLARITY TV, INC.

Current Principal Place of Business:

220 KINGS POINT DRIVE #408
SUNNY ISLE BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

220 KINGS POINT DRIVE #408
SUNNY ISLE BEACH, FL 33160

New Mailing Address:

FEI Number: 34-2031653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, JACQUELINE
1270 NE 105 STREEET #16
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SPEARS, RICHARD
Address: 1190 WINWARD DRIVE
City-St-Zip: PEMBROKES PINES, FL 33026

Title: V ( ) Delete
Name: MURPHY, JACQUELINE
Address: 1270 NE 105 STREET #16
City-St-Zip: MIAMI SHORES, FL 33138

Title: T ( ) Delete
Name: COLLINS, LUCY
Address: 220 KINGS POINT DRIVE #408
City-St-Zip: SUNNY ISLE BEACH, FL 33160

Title: S ( ) Delete
Name: CHISOLM, MARILYN
Address: 850 NE 123 STREET
City-St-Zip: BISCAYNE PARK, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY COLLINS T 03/30/2008

Electronic Signature of Signing Officer or Director — Date