## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009461

Entity Name: CLARITY TV. INC

City-St-Zip: BISCAYNE PARK, FL 33161

FILED Feb 04, 2009 Secretary of State

Entity Na	me: CLARITY	TV, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
220 KINGS POINT DRIVE #408 SUNNY ISLE BEACH, FL 33160			1725 BIARRITZ DRIVE MIAMI BEACH, FL 33141			
Current Mailing Address:			New Maili	New Mailing Address:		
220 KINGS POINT DRIVE #408 SUNNY ISLE BEACH, FL 33160				1725 BIARRITZ DRIVE MIAMI BEACH, FL 33141		
FEI Number	: 34-2031653	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )		
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:		
MURPHY, JACQUELINE 1270 NE 105 STREEET #16 MIAMI SHORES, FL 33138 US			1725 BÍAR	DALEY, CAROLYN 1725 BIARRTIZ DRIVE MIAMI BEACH, FL 33141 US		
	e named entity e of Florida.	submits this statement for the	ourpose of changing i	its registered office or registered agent, or both		
SIGNATURE: CAROLYN DALEY			02/04/2009			
	Electror	nic Signature of Registered Ag	ent	Date		
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	SPEARS, RICH 1190 WINWAR		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	V ( MURPHY, JAC 1270 NE 105 S MIAMI SHORE	TREET #16	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition MURPHY, JACQUELINE 1270 NE 105 STREET #16 MIAMI SHORES, FL 33138		
Title: Name: Address: City-St-Zip:	COLLINS, LUC 220 KINGS PO	Delete Y INT DRIVE #408 EACH, FL 33160	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition DALEY, CAROLYN 1725 BIARRITZ DRIVE MIAMI BEACH, FL 33141		
Title: Name: Address:	S ( ) CHISOLM, MAI 850 NF 123 ST		Title: Name: Address:	( ) Change ( ) Addition		

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.

City-St-Zip:

SIGNATURE: CAROLYN DALEY T 02/04/2009