2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000779

ALSHON, NINA

1177 SW 21 ST

BOCA RATON, FL 33486

Name:

Address:

City-St-Zip:

Entity Name: CROSS TV INCORPORATED

FILED Apr 15, 2009 Secretary of State

Entity Na	me: CROSS	TV INCORPORATED			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NO GARDENS TON, FL 3343				
Current Mailing Address:			New Mailing Address:		
	NO GARDENS TON, FL 3343				
FEI Number	: 65-0815185	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
2 S. BISCA SUITE 340	ORATE SERV AYNE BLVD. 30 33131 US	/ICES			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KIELAR, MAR	O GARDEN, BLVD. 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MASTRORIO, 5133 HERON I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VISSER, MARY 1420 SW 1ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARY JO VISSER D 04/15/2009