

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90054 013 \*\*\*150.00

**DOCUMENT # P00000094181**

1. Entity Name  
NEW HORIZON TV, INC.



Principal Place of Business  
18400 WEST DIXIE HIGHWAY  
SUITE "D"  
NORTH MIAMI BEACH, FL 33160

Mailing Address  
18400 WEST DIXIE HIGHWAY  
SUITE "D"  
NORTH MIAMI BEACH, FL 33160

40068264



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.  
14446 West Dixie Hwy

Suite, Apt. #, etc.  
14446 West Dixie Hwy

04092008 Chg-P CR2E034 (12/06)

City & State  
Miami FL

City & State  
Miami FL

4. FEI Number  
65-1066513

Applied For  
Not Applicable

Zip  
33161

Country

Zip  
33161

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAISER, ALFRED  
18400 WEST DIXIE HIGHWAY  
SUITE "D"  
NORTH MIAMI BEACH, FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WAISER, ALFRED  
18400 WEST DIXIE HIGHWAY SUITE "D"  
NORTH MIAMI BEACH, FL 33160 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
14446 West Dixie Highway  
Miami FL 33161

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08

Date

Daytime Phone #

954 2343773