

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 JUN -6 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000094181

1. Entity Name

NEW HORIZON TV, INC.



DO NOT WRITE IN THIS SPACE

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

14446 W. DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 630531

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1066513

Applied For

Not Applicable

Zip

33161

Country

DADE

Zip

33163

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

STUART GLAUDER, CPA

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

14446 W. DIXIE HWY

City

MIAMI

FL

Zip Code

33161

8. The above named entity admits 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

Alfred Waiser

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

(NOTE: Registered Agent signature required when re-instating)

DATE

6/11/11

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

E-mail Address:

Reefpa1@MSN.COM

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PRESIDENT
ALFRED WAISER
14446 W DIXIE HWY
MIAMI, FL 33161

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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NAME

STREET ADDRESS

CITY- ST- ZIP

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Alfred Waiser, ALFRED WAISER

DATE

6/11/11

Daytime Phone #

954-234-3713

300207321263
05/06/11-01037-019 **450.00

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