

1.) CORPORATION NAME: <b>Horizon Institute of Sports, Technology and TheArts</b>	DUE DATE: <b>3/31/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ANTON PERKINS 20674 SETTLERS POINT PL POTOMAC FALLS, VA</b>	SCC ID NO: <b>07204274</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>LOUDOUN COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20674 SETTLERS POINT PLACE

CITY/ST/ZIP: STERLING, VA 20165

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ANTON PERKINS TITLE: PRESIDENT ADDRESS: 20674 SETTLERS POINT PLACE CITY/ST/ZIP/CO: POTOMAC FALLS, VA 20165	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DOMINIQUE BELL TITLE: DIRECTOR ADDRESS: 8436 GEORGIAN COURT CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: HARRY CARTER TITLE: DIRECTOR ADDRESS: 105 WALTHAM COURT CITY/ST/ZIP/CO: STERLING, VA 20165	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LANOR SMITH TITLE: DIRECTOR ADDRESS: 2165 ASTORIA CIRCLE CITY/ST/ZIP/CO: HERNDON, VA 20170	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ANTON PERKINS	ANTON PERKINS, PRESIDENT	3/18/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.