

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 577678

FILED
Apr 03, 2009
Secretary of State

Entity Name: PBS OF AMERICA, INC.

Current Principal Place of Business:

10105 DR ML KING JR ST NORTH
ST PETERSBURG, FL 33716 US

New Principal Place of Business:

10105 DR MARTIN LUTHER KING JR ST NORTH
ST PETERSBURG, FL 33716 US

Current Mailing Address:

911 PANORAMA TR S
ROCHESTER, NY 14625 US

New Mailing Address:

911 PANORAMA TR SOUTH
ROCHESTER, NY 14625 US

FEI Number: 59-1825843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HILL, CRAIG
Address: 10105 DR M L KING JR ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: STD () Delete
Name: MORPHY, JOHN
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625

Title: V () Delete
Name: TORTORELLA, ANTHONY
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HILL, CRAIG
Address: 10105 DR MARTIN LUTHER KING JR ST NORTH
City-St-Zip: ST PETERSBURG, FL 33716

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL NESBITT

DTAX

04/03/2009

Electronic Signature of Signing Officer or Director

Date