


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90020 033 ****61.25

DOCUMENT # F00000004291	
1. Entity Name OUTDOOR AMUSEMENT BUSINESS ASSOCIATION, INC.	

Principal Place of Business 1035 S. SEMORAN BLVD., STE 1045-A WINTER PARK, FL 32792	Mailing Address 1035 S. SEMORAN BLVD., STE 1045-A WINTER PARK, FL 32792
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50003718



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112006 Chg-NP CR2E037 (11/05)

4. FEI Number 41-1236025	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JOHNSON, ROBERT W 1035 S. SEMORAN BLVD., STE 1045-A WINTER PARK, FL 32792	

7. Name and Address of New Registered Agent	
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 _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ROBERT W			NAME			
STREET ADDRESS	1035 S SEMORAN BLVD, STE 1045A			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEAVITT, GUY			NAME			
STREET ADDRESS	4950 W SOUTHERN AVE			STREET ADDRESS			
CITY-ST-ZIP	LAVEEN, AZ 85339			CITY-ST-ZIP			
TITLE	VC	<input checked="" type="checkbox"/> Delete		TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURBACK, RON			NAME	Andy Schoendienst		
STREET ADDRESS	3407 SE 108TH AVENUE			STREET ADDRESS	26 Carlyle Plaza, STE 138		
CITY-ST-ZIP	PORTLAND, OR			CITY-ST-ZIP	Belleville, IL 62221		
TITLE	VC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSCHEN, JOHN			NAME			
STREET ADDRESS	9941 OLD LOCKHART RD			STREET ADDRESS			
CITY-ST-ZIP	AUSTIN, TX 78747			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIVONA, DOMINIC JR.			NAME			
STREET ADDRESS	24 FEDERAL RD			STREET ADDRESS			
CITY-ST-ZIP	MONROE TOWNSHIP, NJ 08831			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Wayne McCary		
STREET ADDRESS				STREET ADDRESS	1305 Memorial Ave.		
CITY-ST-ZIP				CITY-ST-ZIP	W. Springfield, MA 01089		

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 reports 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Robert W. Johnson* **Robert W. Johnson** 3/15/06 407-681-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #