## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000004291

FILED Mar 16, 2009 Secretary of State

Entity Name: OUTDOOR AMUSEMENT BUSINESS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1035 S. SEMORAN BLVD., STE 1045-A WINTER PARK, FL 32792 **Current Mailing Address: New Mailing Address:** 1035 S. SEMORAN BLVD., STE 1045-A WINTER PARK, FL 32792 FEI Number: 41-1236025 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, ROBERT W 1035 S. SEMORAN BLVD., STE 1045-A WINTER PARK, FL 32792 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOHNSON, ROBERT W Name: Name: 1035 S SEMORAN BLVD, STE 1045-A Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SCHOENDIENST, ANDY Name: MCCARY, WAYNE Name: Address: 26 CARLYLE PLAZA, STE 138 Address: 1305 MEMORIAL AVE City-St-Zip: BELLEVILLE, IL 62221 City-St-Zip: W SPRINGFIELD, MA 01089 Title: VC () Delete Title: (X) Change ( ) Addition MCCARY, WAYNE VIVONA, DOMINIC JR Name: Name: 1305 MEMORIAL AVE Address: Address: 24 FEDERAL RD City-St-Zip: W SPRINGFIELD, MA 01089 City-St-Zip: MONROE TWP, NJ 08831 Title: VC ( ) Delete Title: VC (X) Change ( ) Addition VIVONA, DOMÍNIC JR Name: Name: JOHNSON, BILL 629 N FORREST AVE Address: 24 FEDERAL RD Address: City-St-Zip: MONROE TWP, NJ 08831 City-St-Zip: ARLINGTON HEIGHTS, IL 60004 VC Title: () Delete Title: (X) Change ( ) Addition JANAS, MARC MCDONAGH, JEANNE Name: Name: 571 RED SPRUCE LN 11300 W PEET RD Address: Address: City-St-Zip: ROCHESTER, NY 14616 City-St-Zip: CHESANING, MI 48616 Title: () Delete Title: (X) Change ( ) Addition KROEGER, DAN KROEGER, DAN Name: Name: Address: 10700 MEDALLION DR. Address: 10700 MEDALLION DR CINCINNATI, OH 45241 CINCINNATI, OH 45241 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. JOHNSON P 03/16/2009