2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000005448

Entity Name: ALL STAR BLEACHERS, INC.

FILED Aug 11, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	TAMPA HIGHV), FL 33815314					
Current Mailing Address:			New Maili	New Mailing Address:		
8223 BRECKSVILLE ROAD SUITE 100 BRECKSVILLE, OH 441411361 US						
FEI Number:	59-3742191	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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			t		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P,D () I GROGAN, GREG 2024 CRESSMAI SKIPPACK, PA	N ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CURCI, JOHN V 6950 SOUTH ED		Title: Name: Address: City-St-Zip:	LENHART, NA 6950 SOUTH	X) Change ()Addition ANCY S AS SEC EDGERTON ROAD E, OH 441413184 US	
Title: Name: Address: City-St-Zip:	CVETIC, JOHN E 8223 BRECKSVI	Delete : T LLE ROAD, SUITE 100 DH 441411361 US	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	CFO () I MCBRIDE, CHAR 2024 CRESSMAI SKIPPACK, PA	N ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	JUDY, NEIL N	AMPA HIGHWAY	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	BARKLEY, DA) Change (X) Addition AVID P AS SEC AMPA HIGHWAY FL 33815 US	

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: JOHN E. CVETIC TREA 08/11/2009