


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90004 026 ***158.75

DOCUMENT # F06000005853 1. Entity Name SPORTS FACILITY ACOUSTICS INC.	
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Principal Place of Business 750 ADAMS STREET ELYRIA, OH 44035	Mailing Address 750 ADAMS STREET ELYRIA, OH 44035
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DO NOT WRITE IN THIS SPACE



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1864609	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPRINGER, TED
511 B DUXBURY COURT
SAFETY HARBOUR, FL 34695-4376

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ZARNICK, GENEVIEVE 19 ASTOR PLACE ROCKY RIVER, OH 44116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UNGAR, ANDREW 11850 EDGEWATER DR #105 LAKEWOOD, OH 44107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, EMILY 367 LONGBEACH PKWY BAY VILLAGE, OH 44140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHRISTOPHER KYSELA 38 OAK ROAD ROCKY RIVER, OH, 44116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 report 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. J. [Signature] 7/31/08 440 323-1408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #