## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000005853

City-St-Zip:

BAY VILLAGE, OH 44140

Entity Name: SPORTS FACILITY ACOUSTICS INC.

FILED Feb 20, 2009 Secretary of State

,					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
750 ADAN ELYRIA, C	IS STREET OH 44035				
Current Mailing Address:			New Mailing Address:		
750 ADAN ELYRIA, C	IS STREET OH 44035				
FEI Number	: 34-1864609	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
	KBURY COUF	RT . 346954376 US			
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP ( ZARNICK, GE 19 ASTOR PL ROCKY RIVEI	ACE	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	UNGAR, AND	VATER DR #105	Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name:	S ( KELLY, EMIL'		Title: ( Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: ANDREW UNGAR VP 02/20/2009