

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000077887

**FILED**  
**Sep 28, 2009**  
**Secretary of State**

**Entity Name:** PROFESSIONAL EXHIBITORS' SERVICE, INC.

**Current Principal Place of Business:**

112 CELEBRATION BOULEVARD  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

112 CELEBRATION BOULEVARD  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 13-2730316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OSHMANN, MARILYN S  
112 CELEBRATION BLVD  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

OSHMANN, ANDRABETH  
112 CELEBRATION BLVD  
CELEBRATION, FL 34747 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: ANDRABETH OSHMAN

09/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: OSHMAN, MARILYN S  
Address: 112 CELEBRATION BLVD  
City-St-Zip: CELEBRATION, FL 34747

Title: VP ( ) Delete  
Name: OSHMAN, ADAM  
Address: 210 FICUS STREET  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: OSHMAN, ANDRABETH  
Address: 112 CELEBRATION BLVD  
City-St-Zip: CELEBRATION, FL 34747

Title: VP (X) Change ( ) Addition  
Name: OSHMAN, ADAM  
Address: 2030 BLACKHAWK STREET  
City-St-Zip: CLERMONT, FL 34714

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: ANDRABETH OSHMAN

PRES

09/28/2009

Electronic Signature of Signing Officer or Director

Date