

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V11510

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** PBS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

10105 DR. MARTIN LUTHER KING JR ST NORTH  
SAINT PETERSBURG, FL 33716 US

**New Principal Place of Business:**

970 LAKE CARILLON DRIVE  
SUITE 400  
SAINT PETERSBURG, FL 33716 US

**Current Mailing Address:**

911 PANORAMA TR SOUTH  
ROCHESTER, NY 14625 US

**New Mailing Address:**

**FEI Number:** 59-3101031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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:**

Title: P  
Name: HILL, CRAIG  
Address: 970 LAKE CARILLON DRIVE, SUITE 400  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: STD  
Name: MORPHY, JOHN  
Address: 911 PANORAMA TRAIL SOUTH  
City-St-Zip: ROCHESTER, NY 14625

I hereby 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 all other like empowered.

SIGNATURE: JOHN MORPHY

SEC

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date