No. C 137765		Due no later than Feb 29, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. PBS OF CENTRAL FLORIDA, INC. KATHLEEN COONS 911 PANORAMA TRAIL SOUTH ROCHESTER NY 14625		2. Registered Agent and Address (NO PO BOX) CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:*											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE															
								1. Corporations: Enter	Names and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasurer (optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
TREASURER DIRECTOR SECRETARY	EFRAIN RIVERA EFRAIN RIVERA STEPHANIE SCHAEFFER		911 PANORAMA TRAIL SOUTH 911 PANORAMA TRAIL SOUTH 911 PANORAMA TRAIL SOUTH	ROCHESTER ROCHESTER ROCHESTER	NY NY NY	USA USA USA	14625 14625 14625								
PRESIDENT	CRAIG HILL	SCIPIEITER	970 LAKE CARILLON DRIVE SUITE 400			USA	33716								
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
FL C 137765		Signature: Michael Nesbitt		Date: 01/13/2012											
		Name (type or print): Michael Nesbitt		Title: Director Of Tax											
Processed 01/13/2012	2	* Electronically provi	ded signatures are accepted as original signa	itures.											