
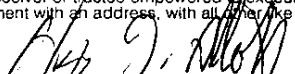


**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90023 027 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F01000003920</b> 1. Entity Name <b>PARKING FACILITY SYSTEM, INC.</b>					
Principal Place of Business <b>2401 21ST AVENUE SOUTH          NASHVILLE, TN 37212</b>		Mailing Address <b>2401 21ST AVENUE SOUTH          NASHVILLE, TN 37212</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>62-1861888</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>S</b> <input type="checkbox"/> Delete	NAME <b>ABBOTT, HENRY J</b>		TITLE <b>CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Hill, John</b>	
STREET ADDRESS <b>2401 21ST AVE S, #200</b>	CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>		STREET ADDRESS <b>2401 21st Ave S #200</b>	CITY-ST-ZIP <b>Nashville, TN 37212</b>	
TITLE <b>C</b> <input checked="" type="checkbox"/> Delete	NAME <b>CARELL, MONROE JR</b>		TITLE <b>DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Woodward, Gordon</b>	
STREET ADDRESS <b>2401 21ST AVE SOUTH</b>	CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>		STREET ADDRESS <b>2401 21st Ave S #200</b>	CITY-ST-ZIP <b>Nashville, TN 37212</b>	
TITLE <b>P</b> <input type="checkbox"/> Delete	NAME <b>BODENHOMER, JR, WILLIAM</b>		TITLE <b>DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Hollander, Seth</b>	
STREET ADDRESS <b>2401 21ST AVE SOUTH</b>	CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>		STREET ADDRESS <b>2401 21st Ave S #200</b>	CITY-ST-ZIP <b>Nashville, TN 37212</b>	
TITLE <b>T</b> <input type="checkbox"/> Delete	NAME <b>WOODS, DAWN</b>		TITLE <b>DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Frieder, Samuel</b>	
STREET ADDRESS <b>2401 21ST AVE S</b>	CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>		STREET ADDRESS <b>2401 21st Ave S #200</b>	CITY-ST-ZIP <b>Nashville, TN 37212</b>	
TITLE <b>CFO</b> <input checked="" type="checkbox"/> Delete	NAME <b>HEAVRIN, JEFF</b>		TITLE <b>DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Halpern, Paul</b>	
STREET ADDRESS <b>2401 21ST AVE S</b>	CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>		STREET ADDRESS <b>2401 21st Ave S #200</b>	CITY-ST-ZIP <b>Nashville, TN 37212</b>	
TITLE <b>CEOD</b> <input type="checkbox"/> Delete	NAME <b>EADS, EMANUEL</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS <b>2401 21ST AVE SOUTH</b>	CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>		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.		
<b>SIGNATURE:</b> 			4-23-08		615-297-4255
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>