

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90004 013 ***150.00

DOCUMENT # F00000002526

1. Entity Name
SMARTPARKS - SILVER SPRINGS, INC.



Principal Place of Business
**5656 SILVER SPRINGS BLVD.
SILVER SPRINGS, FL 34488**

Mailing Address
**4590 MACARTHUR BLVD
SUITE 400
NEWPORT BEACH, CA 92660**

50060788



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3644524

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COCHRAN, LARRY
STREET ADDRESS 4590 MACARTHUR BLVD., SUITE 400
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE VSD ☒ Delete
NAME FITZPATRICK, GARY
STREET ADDRESS 4590 MACARTHUR BLVD., SUITE 400
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE VTD ☐ Delete
NAME CICIORA, DALE
STREET ADDRESS 4590 MACARTHUR BLVD., SUITE 400
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Jim Prager
STREET ADDRESS 4590 MacArthur Blvd, Suite 400
CITY-ST-ZIP Newport Beach, Ca 92660

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES PRAGER
Vice President**

8/4/05

949-797-9763

Date

Daytime Phone #