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

05-15-2008 90023 027 ***150 00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F01000003920 1. Entity Name PARKING FACILITY SYSTEM, INC.											
Principal Plac	a of Busines	e	Mailing Address				. •				
Principal Place of Business 2401 21ST AVENUE SOUTH NASHVILLE, TN 37212			2401 21ST AVENUE SOUTH NASHVILLE, TN 37212				 		BBIK BBIBO NYA IBIKO NDILAD	11 59 1 # 1 59 1	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04212008	Chg-P	CR2E034 (12/06)		
City & State			City & State				4. FEI Numb 62-186		1	oplied For ot Applicable	
Zip	Country		Zip Count		try	5. Certificate of		of Status Desired	□ \$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of New Re	gistered Agent		
						Name					
1201 HAY	S STREE	RVICE COMPANY T 32301-2525			Street A	ddress (i	P.O. Box Numb	er is Not Acceptable)		
		City					Zip Cod				
								_	FL		
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 atteil applicable. (NOTE: Registered Agent signature required							when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE	S Delete					CFO			★ Change	☐ Addition	
NAME	ABBOTT, HENRY J				.	Hill.	John				
STREET ADDRESS CITY-ST-ZIP	i .	T AVE S, #200 LE, TN 37212		STREET ADDRESS 240			1 2137 A	1e 5 #200 TN 37212			
TITLE	С		Ď Delete	TITLE		DIR			☐ Change	Addition	
NAME	CARELL,	MONROE JR		NAM	Ε	Woo	dward	sordon S Azoo		_	
STREET ADDRESS CITY-ST-ZIP	1	T AVE SOUTH LE, TN 37212			et adoress - St-Zip	2401	Zist Ave	S #200 TN 37212			
TITLE	Р		☐ Delete	TITLE		9 T (2	, ,		[] Change	Addition	
NAME	BODENH	OMER, JR, WILLIAM		NAM		Holl	ander, S	eth			
STREET ADDRESS		T AVE SOUTH			ET ADDRESS		1 215+A-				
CITY-ST-ZIP	-	LE, TN 37212		CITY	ST-ZIP	403.1	aville, T	N 37212			
TITLE	WOODS.	DAMA	☐ Delete	TITLE		OIR	·	. 1	Change	🔀 Addition	
NAME STREET ADDRESS	2401 215			NAM(STRE	ET ADDRESS	Frie	46, 30.	mnel ve 5 #200			
CITY-ST-ZIP		LE, TN 37212			-ST-ZiP	402	i bist Ar hville 7	212/E M		1	
TITLE	CFO	, , , , , , , , , , , , , , , , , , ,	⊠ Delete	TITLE		OTE	? '		☐ Change	⊠ Addition	
NAME	HEAVRIN	•		NAMI		Hal	pern, P	A-0-1			
STREET ADDRESS CITY-ST-ZIP	2401 21\$ NASHVIL	TAVES LE, TN 37212			ET ADDRESS - ST-ZIP	240	hulle T	16 2 # 500			
TITLE	CEOD		☐ Delete	TITLE					Change	Addition	
NAME CTREET ADDRESS	EADS, EMANUEL DDRESS 2401 21ST AVE SOUTH				I						
					et address -ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 becaute 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 the empowered.											
SIGNATURE: 1/4 / 1											
		•									