2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003
Secretary of State

DOCUMENT# F99000002450

Entity Name: ALFA SMARTPARKS, INC.

Current Principal Place of Business:

ONE WEST ADAMS ST.
2ND FLR.
JACKSONVILLE, FL 32202

New Principal Place of Business:

ONE WEST ADAMS ST.
1ST FLR.
JACKSONVILLE, FL 32202

Current Mailing Address:

ONE WEST ADAMS ST.
2ND FLR.
JACKSONVILLE, FL 32202

New Mailing Address:

ONE WEST ADAMS ST.
1ST FLR.
JACKSONVILLE, FL 32202

FEI Number: 59-3488651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	GOLDMAN, NATHAN D	
Address:	ONE WEST ADAMS ST., 2ND FLR	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	VS	(X) Delete
Name:	GRIGGS, GWEN HUTCHESON	
Address:	ONE WEST ADAMS ST., 2ND FLR	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	PD	(X) Delete
Name:	DREW, RANDAL H	
Address:	ONE WEST ADAMS ST., 2ND FLR	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	TV	(X) Delete
Name:	BARKLEY, ANDY	
Address:	ONE WEST ADAMS ST., 2ND FLR	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	DC	( ) Delete
Name:	ALLAMANIS, APOSTOLOS G	
Address:	4 AP PAVLOU STREET	
City-St-Zip:	MAROUSSI ATHENS GREECE, 151 23	
Title:	D	(X) Delete
Name:	COCHRAN, LARRY B	
Address:	100 SILVER SPUR	
City-St-Zip:	HORSESHOE BAY, TX 78657	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PS	(X) Change ( ) Addition
Name:	GOLDMAN, NATHAN D	
Address:	1275 CREIGHTON BLUFF LANE	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NATHAN D. GOLDMAN PS 08/20/2003

Electronic Signature of Signing Officer or Director — Date