## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000005065

Entity Name: GAYLORD ENTERTAINMENT COMPANY

FILED Apr 29, 2004 Secretary of State

| Current Principal Place of Business:                    |  |                                 |   | New Principal Place of Business:                           |  |  |
|---|--|---------------------------------|---|--|--|--|
| ONE GAYLORD DRIVE<br>NASHVILLE, TN 37219                |  |                                 |   | ONE GAYLORD DRIVE<br>NASHVILLE, TN 37214                   |  |  |
| Current M   | lailing Addres   | ss:                             | New M                                   | lailing Address:   |  |  |
| ONE GAYLORD DRIVE<br>NASHVILLE, TN 37219                |  |                                 |   | ONE GAYLORD DRIVE<br>NASHVILLE, TN 37214                   |  |  |
| FEI Number: 73-0664379 FEI Number Applied For ( ) FEI N |  |                                 | FEI Number Not                          | umber Not Applicable ( ) Certificate of Status Desired ( ) |  |  |
| Name and  | d Address of C   | Current Registered Agent:       | Name                                    | and Address of N   | lew Registered Agent:                  |  |
| 526 E PAR<br>TALLAHAS<br>The above                      | SSEE, FL 323   |                                 | urpose of chang                         | ing its registered c                                       | office or registered agent, or both,   |  |
|   |  |                                 |   |  |  |  |
| SIGNATU   |  | nic Signature of Registered Age | ent                                     |  | <br>Date                               |  |
| Election Car  |  | g Trust Fund Contribution ( ).  |   |  | 2 3.13                                 |  |
|   | S AND DIREC  | ` ` `                           | ADDI1                                   | IONS/CHANGES   | TO OFFICERS AND DIRECTORS:             |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:             |  | ) Delete<br>EL D<br>) DRIVE     | Title:<br>Name:<br>Address<br>City-St-2 | CD (X<br>ROSE, MICHAE<br>: ONE GAYLORI                     | ) Change ()Addition<br>EL D<br>D DRIVE |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:             | PD ( )<br>REED, COLIN ONE GAYLORI<br>NASHVILLE, TO       | DORIVE                          | Title:<br>Name:<br>Address<br>City-St-2 | REED, COLINA<br>: ONE GAYLORI                              | DIDRIVE                                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:             | VCFO ( )<br>KLOEPPEL, DA<br>ONE GAYLORI<br>NASHVILLE, TN | DORIVE                          | Title:<br>Name:<br>Address<br>City-St-Z | KLOEPPEL, DA<br>: ONE GAYLORI                              | D DRIVE                                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:             | V ()<br>SEVIGNY, JAY<br>ONE GAYLORI<br>NASHVILLE, TN     | DORIVE                          | Title:<br>Name:<br>Address<br>City-St-z | SEVIGNY, JAY<br>: ONE GAYLORI                              | DDRIVE                                 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:             | V ( )<br>SPACEK, KARI<br>ONE GAYLORI<br>NASHVILLE, TN    | DORIVE                          | Title:<br>Name:<br>Address<br>City-St-Z | FIORAVANTI, N<br>: ONE GAYLORI                             | D DRIVE                                |  |
| Title:<br>Name:<br>Address:                             | VS ( )<br>TODD, CARTEI<br>ONE GAYLORI                    | DORIVE                          | Title:<br>Name:<br>Address              | TODD, CARTEI<br>ONE GAYLORI                                | D DRIVE                                |  |

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: CARTER R. TODD SEC 04/29/2004