

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000005156

1. Entity Name
TPI ENTERTAINMENT, INC.



Principal Place of Business
1717 ELM HILL PIKE
NASHVILLE, TN 37210 US

Mailing Address
1717 ELM HILL PIKE
NASHVILLE, TN 37210 US



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3479407

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000117285
04/19/04-80013-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALLEN, JR., LEN W
STREET ADDRESS	1717 ELM HILL PIKE
CITY-ST-ZIP	NASHVILLE, TN 37210
TITLE	VS
NAME	ADAMS, D M
STREET ADDRESS	1717 ELM HILL PIKE
CITY-ST-ZIP	NASHVILLE, TN 37210
TITLE	V
NAME	PAYNE, MICHAEL V
STREET ADDRESS	1717 ELM HILL PIKE
CITY-ST-ZIP	NASHVILLE, TN 37210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Donna M. Adams, VP 4/13/04 615-231-2459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #