

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90158 042 \*\*\*150.00

DOCUMENT # F93000005156

1. Entity Name  
TPI ENTERTAINMENT, INC.



Principal Place of Business  
4727 ELM HILL PIKE  
NASHVILLE TN 37210  
US

Mailing Address  
4727 ELM HILL PIKE  
NASHVILLE TN 37210  
US



2. Principal Place of Business  
1717 Elm Hill Pike  
Suite, Apt. #, etc.

3. Mailing Address  
1717 Elm Hill Pike  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
City & State  
4. FEI Number 13-3479407  
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  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324  
7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDANIEL, F E		NAME	Len W. Allen, Jr.	
STREET ADDRESS	1727 ELM HILL PIKE		STREET ADDRESS	1717 Elm Hill Pike	
CITY-ST-ZIP	NASHVILLE TN 37210		CITY-ST-ZIP	Nashville, TN 37210	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, D M		NAME		
STREET ADDRESS	1727 ELM HILL PIKE		STREET ADDRESS	1717 Elm Hill Pike	
CITY-ST-ZIP	NASHVILLE TN 37210		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, MICHAEL V		NAME		
STREET ADDRESS	1727 ELM HILL PIKE		STREET ADDRESS	1717 Elm Hill Pike	
CITY-ST-ZIP	NASHVILLE TN 37210		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1-19.07(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 Donna M. Adams 4-15-03 615 231-2222

CR2E034 (10/02)