

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

97 JUL 28 PM 2:03

**DOCUMENT # F94000004651 (5)**  
 1. Corporation Name  
**1220 EXHIBITS, INC.**



Principal Place of Business <b>1220 MCGAVOCK ST. NASHVILLE TN 37203</b>	Mailing Address <b>1220 MCGAVOCK ST. NASHVILLE TN 37203</b>
--------------------------------------------------------------------------------	--------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		<b>3. Date Incorporated or Qualified</b> 09/08/1994	<b>3a. Date of Last Report</b> 04/26/1996
<b>4. FEI Number</b> 62-0876762		Applied For Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				<b>10. Name and Address of New Registered Agent</b>	
				B1 Name	
				B2 Street Address (P. O. Box Number is Not Acceptable)	
				B3	
				B4 City	FL B5 Zip Code

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIVELY, MARK</b>	1.2 NAME	
STREET ADDRESS	<b>1220 MCGAVOCK ST.</b>	1.3 STREET ADDRESS	<b>800002251598--7</b>
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>	1.4 CITY-ST-ZIP	<b>-07/23/97-01129--001</b>
TITLE	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
NAME	<b>CHERRY, JOHN R III</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1220 MCGAVOCK ST.</b>	2.2 NAME	
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>	2.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	<b>CEO</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>CARDEN, GERALD T</b>	3.2 NAME	
CITY-ST-ZIP	<b>1220 MCGAVOCK ST.</b>	3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>CLEMENT, ERMA</b>	4.2 NAME	
CITY-ST-ZIP	<b>1220 MCGAVOCK ST.</b>	4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

**14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.**

SIGNATURE: *Gerald T. Carden* 07/23/97 (615) 255 6604

CR2E034 (4/97)