

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90192 021 ***150.00

DOCUMENT # F94000004651

1. Entity Name
 1220 EXHIBITS, INC.

Principal Place of Business 7550 EXCHANGE DRIVE ORLANDO FL 32809 US	Mailing Address 3801 VULCAN DRIVE NASHVILLE TN 37211-3313 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0876762	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 S. PINE ISLAND RD.
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	BARBER, KEVIN A
STREET ADDRESS	3801 VULCAN DRIVE
CITY-ST-ZIP	NASHVILLE TN 37211
TITLE	VD <input type="checkbox"/> Delete
NAME	CHERRY, JOHN R III
STREET ADDRESS	1220 MCGAVOCK ST.
CITY-ST-ZIP	NASHVILLE TN 37203
TITLE	CEO <input type="checkbox"/> Delete
NAME	CARDEN, GERALD T
STREET ADDRESS	1220 MCGAVOCK ST.
CITY-ST-ZIP	NASHVILLE TN 37203
TITLE	S <input type="checkbox"/> Delete
NAME	CLEMENT, ERMA
STREET ADDRESS	1220 MCGAVOCK ST.
CITY-ST-ZIP	NASHVILLE TN 37203
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDEN, MATTHEW T
STREET ADDRESS	3801 VULCAN DRIVE
CITY-ST-ZIP	NASHVILLE, TN 37211
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: **Kevin A Barber** **04/25/00** **615/333-1220**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #