

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 |
|--|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 62-0876762 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 |
| State: 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

| | | |
|----------------|---------------------------|---------------------------------|
| 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 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| 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 | |

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** Date: **04/25/00** Daytime Phone #: **615/333-1220**