

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90003 039 \*\*\*150.00

0565672

**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  
 US**

754000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-0876762**

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

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, 2001 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  Delete  
 NAME **P BARBER, KEVIN A**  
 STREET ADDRESS **3801 VULCAN DRIVE**  
 CITY-ST-ZIP **NASHVILLE TN 37211**

TITLE  Change  Addition  
 NAME **Gruber, John D V**  
 STREET ADDRESS **3801 Vulcan Drive**  
 CITY-ST-ZIP **Nashville, TN 37211**

TITLE  Delete  
 NAME **VD CHERRY, JOHN R III**  
 STREET ADDRESS **1220 MCGAVOCK ST.**  
 CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **CEO CARDEN, GERALD T**  
 STREET ADDRESS **1220 MCGAVOCK ST.**  
 CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S CLEMENT, ERMA**  
 STREET ADDRESS **1220 MCGAVOCK ST.**  
 CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V CARDEN, MATTHEW T**  
 STREET ADDRESS **3801 VALCAN DR**  
 CITY-ST-ZIP **NASHVILLE TN 37211**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **3801 Vulcan Drive**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 like empowered.

SIGNATURE: Kevin A. Barber **Kevin A. Barber, President**

615/333-1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)