FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000004870

LEANN RIMES ENTERTAINMENT, INC.

05-04-1999 90112 025 ***150.00

Principal Place of Business Mailing Address									11 IBILL IBI) II 00II 102I	
6060 N CENTRA DALLAS TX 752	NL EXPRESSWAY. STE 816 06	6060 N CENTRAL EXPRESSWAY. STE 816 DALLAS TX 75206				DO NOT WRITE I	N THIS SPAC	E			
							3. Date Incorporated or Qualifed				
						_	09/18/1997				
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number Applied F				
21		26					75-2593725	#0		Applicable	
Suite, Apt.	#, etc. -	Suite, Apt. #, etc.					.5. Certificate of Status Desired	1	. 75 Ad ee Req		
City & State	9	City & State					Election Campaign Financing Trust Fund Contribution		5.00 M dded to	*	
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax. Yes No				
24	9. Name and Address of Current	29 Posistered Agent	30	1			10. Name and Address of New Regi				
	3. Name and Address of Current	Kegisteren Agent		81	Name		reality allow read toos of from fregs				
VALE	ENTINO, JOHN			82		Addros	ss (P.O. Box Number is Not Acceptable	<u> </u>			
2000 S. DIXIE HWY				GE Street Addi			SS (F.O. BOX NUMBER IS NOT NOTOPHISTO	, 			
W P/	ALM BEACH FL 33401										
	-			84	City			FL 85	Zip Co	de	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change w	as authonze	d bv	the corpo	corpor	ration submits this statement for the pur o's board of directors. I hereby accept th	pose of chang e appointment	ng its regi	agistered stered	
	Signature, typed or printed name of registered agent a				t signature r	required v		DATE	COTO	10 IN 12	
12.	OFFICERS AND		13				ADDITIONS/CHANGES TO OFFICE		nange	Addition	
TITLE				1.1 TITLE 1.2 NAME				۰	unge		
NAME	RIMES, WILBUR C	OTF 040									
STREET ADDRESS	•••••	, 515 816	STREET ADDRESS CITY-ST-ZIP			•					
CITY-ST-ZIP	DALLAS TX	DELET		7111-51	1- ZIP	VS	D	FKC	nange	☐ Addition	
TITLE	SD DELINDAD	ا عدد ا		IAME				_	•	_	
NAME	RIMES, BELINDA R 6060 N CENTRAL EXPRESSWAY	CTE 016			ADDRESS		•			1	
STREET ADDRESS	DALLAS TX	, 315 010		CITY-S		-		-		1	
CITY-ST-ZIP TITLE	D	DELÊT		TILE	1-24			c	nange	☐ Addition	
NAME	WALKER, LYLE L		3.21	IAME							
STREET ADDRESS	6060 N CENTRAL EXPRESSWAY	'. STF 816	3.3 \$	TREET	ADDRESS	1					
CITY-ST-ZIP	DALLAS TX	, 0,2 0,0	3.4.	CITY-S	T-ZIP		<u> </u>				
TITLE	☐ DELETE		E 4,17	4,1 TITLE		V	a - Mamaret L.	□c	hange	Addition	
NAME	•		4.2	4. 2 NAME		M K	limes, Margaret L. 40 N Central Expressua	, Ste 81	6		
STREET ADDRESS			4.3 STREET A		ADDRESS	!-				-	
CITY-ST-ZIP			4.4.0	4.4 CITY-ST-ZIF		Do	allas. TX 75206				
TITLE :	-		TITLE				Пс	hange	☐ Addition		
NAME	A SECTION OF THE SECT	* **		VAME	. . .		man a se unacom e ne e concesso de e - co-		٠,		
STREET ADDRESS	1 Ab		* * * ·		ADDRESS		Committee of the commit			1	
CITY-ST-ZIP		<u></u>		CITY-\$1	r-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·		nango	Addition	
TITLE		C DELET		MLE				∟∟	hange	(_) Addition	
NAME				NAME		ļ					
STREET ADDRESS			6.33	oikte)	ADDRESS						

6.4 CITY-ST-ZIP

14. 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 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 given an attachment with an address, with all other like empowered.

SIGNATURE:

Wilbur C. Rimes