FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90020 010 \*\*\*150.00

## 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 # FOZOGOGGG

	Corporation IDEA EN	TERTAINMENT, INC.								
Pri	incipal Place	of Business	Mailing Address							
ONE GAYLORD DR. 424 CHURCH STREET NASHVILLE TN 37214 STE 2000										
NASHVILLE TN 37214						DO NOT WRITE IN THIS SPACE				
l			US				3. Date Incorporated or Qualifed			
Ļ	5: : / 5!	On Mailing Addrson				11/17/1997 4. FEI Number	- $$	Applied For		
-	Principal Pla	ace of Business	2a. Mailing Address				62-1673308	<del>     </del>	Not Applicable	
21	Suite, Apt. #	# etc	Suite Ant # etc	Suite, Apt. #, etc.				\$8.7	5 Additional	
22	Suite, Apt. 1	27					5. Certifcate of Status Desired		Required	
221	City & State City & State			·			6. Election Campaign Financing	\$5.0	00 May Be	
23	•	28					Trust Fund Contribution	•	ed to Fees	
1	Zip	p Country Zip			try		8. This corporation owes the current year	8. This corporation owes the current year Intangible		
24		25	29	30			Personal Property Tax.	☐ Yes	□No	
		9. Name and Address of Current	Registered Agent		B1		10. Name and Address of New Registere	d Agent		
THE OPENITION HALL CORDODATION SYSTEM INC						Name				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET						Street Ad	dress (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301					_					
TALLAINOOLL I E 02001					B3					
						City	· F	85 Z	ip 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 reg 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE									its registered registered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg						t signature requ	ulred when reinstating) DATE		T000 IV 40	
12		OFFICERS AND		13.		1	ADDITIONS/CHANGES TO OFFICERS	AND DIREC		
ππ		CCEO	☐ DELETE	1.1 TITL		Ņ	lice President	C) Cridity	ye X radiaon	
NAME		LONDON, TERRY E 2802 OPRYLAND DR. One Gaylord Drive		1.2 NAME 1.3 STREET ADDRESS			boscon B. Crace he Craylord Drive			
i	REET ADDRESS	2802-UPHTEAND DR.ONESCO			ADDRESS	PIGTE UT, Silvinzou				
-	Y-ST-ZIP	NASHVILLE IN 3/214	DELETE	1.4 CITY				Chan	ge Addition	
TITI		P DAN DAN		2.1 TITL		3	secretary thomas J. Sherrara		, A	
NAJ	AVE AVII 000 DD		22 NAME				404 Church Street, Suite 2000			
STREET ADDRESS		IASHVILLE TN 37214		1	2.3 STREET ADDRESS -		Nashville, TN 31 219		1	
TIT	Y-ST-ZIP	D D	DELETE	3.1 TITL		11-217	pasternie, riest	Chan	ge	
NAI		BLANTON, E. MICHAEL	<u> </u>	3.2 NAM				_	_	
ŀ	REET ADDRESS	ONE GAYLORD DR.				TADDRESS				
	Y-ST-ZIP	NASHVILLE TN 37214		3.4. CIT						
TITI		V	☐ DELETE	4.1 TITL		7-24		Chan	ge	
NA	1	LUNDY, ROLAND		4, 2 NA						
	REET ADDRESS	ONE GAYLORD DR.				TADDRESS				
CITY-ST-ZIP		NASHVILLE TN 37214		4.4 CITY						
TITI		V	☐ DELETE	5.1 TITL				Chan	ge 🔲 Addition	
NA	ME I	CONNOR, ROD	•	5.2 NAW	Œ				ļ	
l	REET ADDRESS	ONE GAYLORD DR.		5.3 STR	EET	TADORESS				
1	Y-ST-ZIP	NASHVILLE TN 37214		5.4 CITY	/- ST	T-ZIP	_			
TIT			☐ DELETE	6.1 TITL	E			Chan	ge 🔲 Addition	

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 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

HOPPER, MICHEL C

ONE GAYLORD DR.

NASHVILLE TN 37214

NAME

STREET ADDRESS

CITY-ST-ZIP