

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

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

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

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000006066**

1. Corporation Name  
**IDEA ENTERTAINMENT, INC.**

Principal Place of Business ONE GAYLORD DR. NASHVILLE TN 37214	Mailing Address 424 CHURCH STREET STE 2000 NASHVILLE TN 37214 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>62-1673308</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
22	27	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip 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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONDON, TERRY E	1.2 NAME	Joseph B. Crace
STREET ADDRESS	2802 OPRYLAND DR. One Gaylord Drive	1.3 STREET ADDRESS	One Gaylord Drive
CITY-ST-ZIP	NASHVILLE TN 37214	1.4 CITY-ST-ZIP	Nashville, TN 37214
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL, DAN	2.2 NAME	Thomas J. Sheppard
STREET ADDRESS	ONE GAYLORD DR.	2.3 STREET ADDRESS	404 Church Street, Suite 2000
CITY-ST-ZIP	NASHVILLE TN 37214	2.4 CITY-ST-ZIP	Nashville, TN 37219
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BLANTON, E. MICHAEL	3.2 NAME	
STREET ADDRESS	ONE GAYLORD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37214	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	LUNDY, ROLAND	4.2 NAME	
STREET ADDRESS	ONE GAYLORD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37214	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	CONNOR, ROD	5.2 NAME	
STREET ADDRESS	ONE GAYLORD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37214	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HOPPER, MICHEL C	6.2 NAME	
STREET ADDRESS	ONE GAYLORD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37214	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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/30/99 615-742-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)