


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000000886 1. Entity Name AEGIS MARKETING GROUP, INC.	
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Principal Place of Business ONE BURTON HILLS BLVD SUITE 200 NASHVILLE, TN 37215	Mailing Address ONE BURTON HILLS BLVD SUITE 200 NASHVILLE, TN 37215
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1390310	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NATIONAL REGISTERED AGENTS, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMBERLAIN, ROBERT ONE BURTON HILLS BLVD., STE 200 NASHVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ROSS, HENRY ONE BURTON HILLS BLVD., STE 200 NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COPELAND, LORI ONE BURTON HILLS BLVD., STE 200 NASHVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WUSSOW, ROLAND 5241 WILLAMSBURG ROAD BRENTWOOD, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHT, CLYDE 50 MUSIC SQUARE WEST -STE 702 NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, MICHAEL 6 STRAWBERRY HILLS NASHVILLE, TN 37215

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Lori Copeland</u> <u>1/7/04</u> <u>615-1005-4200</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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