

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000000886

1. Entity Name
AEGIS MARKETING GROUP, INC.



Principal Place of Business
ONE BURTON HILLS BLVD
SUITE 200
NASHVILLE, TN 37215

Mailing Address
ONE BURTON HILLS BLVD
SUITE 200
NASHVILLE, TN 37215



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1390310

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

000000539659
05/09/06-80109-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori Copeland, Secretary

Date

Daytime Phone #

4/21/06 615.1003.4200