


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010010 1. Entity Name THE SOUTHERN LEGENDS ENTERTAINMENT AND PERFORMING ARTS HALL OF FAME CORP		
Principal Place of Business 1617 PINE LANE DRIVE CANTONMENT, FL 32533	Mailing Address 1617 PINE LANE DRIVE CANTONMENT, FL 32533	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MORRIS, ROBERT L 1617 PINE LANE DRIVE CANTONMENT, FL 32533		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: <u><i>Robert Morris</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MORRIS, ROBERT L 1617 PINE LANE DRIVE CANTONMENT, FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO CAVALIERO, MATK 3217 COLBY CHASE DRIVE APEX, NC 27539	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HENRY, H.T. 1616 HIGH MEADOWS DRIVE CHOCTAW, OK 73020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.VP CASE, JIM 408 WESTLAND STREET PORTLAND, TN 37148	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E.VP LEEN, JOHNNY 1629 LINDEN STREET OKLAHOMA CITY, OK 73108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 617, 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><i>Robert Morris</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3552698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

U00000539190
01/25/07-80017-003 8.75

**DO NOT WRITE
IN THIS SPACE**

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01/25/07-80017-004 61.25