FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR -3 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28696 (3)

1. Corporation Name
UNITED SHOWS OF AMERICA, INC.

Principal Place of Business
2011 JOHNSON INDUSTRIAL DR.
PO BOX 1089
NOLENSVILLE TN 37135

Mailing Address
2011 JOHNSON INDUSTRIAL DR.
PO BOX 1089
NOLENSVILLE TN 37135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1990
3a. Date of Last Report: 07/28/1994
4. FEI Number: 62-1401881 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☒ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
MASON, MICHAEL C.
4720 N.E. 112TH AVE.
SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent
81 Name: Nancy M. Koepke
82 Street Address (P.O. Box Number is Not Acceptable): 1200 Country Club DR
83
84 City: ORlando FL 85 Zip Code: 32804

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: Nancy M. Koepke DATE: Feb 18th 1995

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DC	☐ Change ☐ Addition
NAME	GREGORY, E.A.	
STREET ADDRESS	522 FRANKLIN ROAD	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	VD	☐ Change ☐ Addition
NAME	GREGORY, VONNA JO	
STREET ADDRESS	522 FRANKLIN ROAD	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	TD	☐ Change ☐ Addition
NAME	GREGORY, JODI L.	
STREET ADDRESS	522 FRANKLIN ROAD	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	PD	☐ Change ☐ Addition
NAME	GREGORY, DONALD L.	
STREET ADDRESS	5733 CLOVERHILL	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	VD	☐ Change ☐ Addition
NAME	GREGORY, FAITH ANN	
STREET ADDRESS	819 JACKSON DOWNS BLDG.	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	VD	☐ Change ☐ Addition
NAME	GREGORY, DANIEL A	
STREET ADDRESS	111 WEST 9TH ST.	
CITY-ST-ZIP	DURANGO CO 81302	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 2-18-95 615-776-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donald L. Gregory - President

0407618 FN