

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

FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 37135-1089
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/23/1990	3a. Date of Last Report 10/08/1996
4. FEI Number 62-1401881	Applied For Not Applicable
5. Certificate of Status Desired X <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KOEPE, NANCY M 1200 COUNTRY CLUB DRIVE ORLANDO FL 32804	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE VD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GREGORY, E.A.		1.2 NAME James E. Brown	
STREET ADDRESS 522 FRANKLIN ROAD		1.3 STREET ADDRESS 7000 CLOVERLAND DR.	
CITY-STATE-ZIP BRENTWOOD TN 37027		1.4 CITY-STATE-ZIP Brentwood, TN 37027	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GREGORY, VONNA JO		2.2 NAME Lucie E. Dubuissou	
STREET ADDRESS 522 FRANKLIN ROAD		2.3 STREET ADDRESS 1412 BUNKER HILL RD	
CITY-STATE-ZIP BRENTWOOD TN		2.4 CITY-STATE-ZIP Brentwood, TN 37027	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GREGORY, JODI L.		3.2 NAME Jackie M. Gregory	
STREET ADDRESS 522 FRANKLIN ROAD		3.3 STREET ADDRESS 526 FRANKLIN RD	
CITY-STATE-ZIP BRENTWOOD TN		3.4 CITY-STATE-ZIP Brentwood TN 37027	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREGORY, DONALD L.		4.2 NAME	
STREET ADDRESS 5700 CLOVERHILL 526 FRANKLIN RD		4.3 STREET ADDRESS	
CITY-STATE-ZIP BRENTWOOD TN 37027		4.4 CITY-STATE-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREGORY, FAITH ANN		5.2 NAME	
STREET ADDRESS 410 JACKSON DOWNS BLDG. 1302 SOUTH OAK DR		5.3 STREET ADDRESS	
CITY-STATE-ZIP NASHVILLE TN 37214 37211		5.4 CITY-STATE-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREGORY, DANIEL A		6.2 NAME	
STREET ADDRESS 111 WEST 9TH ST.		6.3 STREET ADDRESS	
CITY-STATE-ZIP DURANGO CO 81302		6.4 CITY-STATE-ZIP	

14. I do 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 changing on an attachment with an address.

SIGNATURE: *by: [Signature]* 4/15/97 615-776-5656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #