

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

FILED

Mar 31 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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| 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

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|--------------------------------|------------------------|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/23/1990 | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 62-1401881 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> X3 | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 Nancy M. Koepke | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 1256 Lake Willisara Circle | |
| | | 83 | |
| | | 84 City Orlando | 85 Zip Code FL 32806 |

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 *Nancy M. Koepke* 3/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC GREGORY, E.A. 522 FRANKLIN ROAD BRENTWOOD TN 37027 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | Vice President James E. Brown 7000 Cloverland Drive Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GREGORY, VONNA JO 522 FRANKLIN ROAD BRENTWOOD TN 37027 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | Vice President Lucie E. Dubuisson 1412 Bunker Hill Road Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GREGORY, JODI L. 522 FRANKLIN ROAD BRENTWOOD TN 37027 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | Vice President Jackie M. Gregory 526 Franklin Road Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GREGORY, DONALD L. 526 FRANKLIN RD BRENTWOOD TN 37027 <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VO GREGORY, FAITH ANN 1302 S OAK DR NASHVILLE TN 37211 <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VO GREGORY, DANIEL A 111 WEST 9TH ST. DURANGO CO 81302 <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. 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 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: Lucie E. Dubuisson Lucie E. Dubuisson 3/20/98 615-776-5656

CR2E034 (10/97)