

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

99 NOV 17 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



012780

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P28696

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

4. FEI Number: 62-1401881 Applied For: [] Not Applicable: []

5. Certificate of Status Desired: X.S. \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property: Yes No

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

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

9. Name and Address of Current Registered Agent: KOEPKE, NANCY M 1256 LAKE WILLISARA CIR ORLANDO FL 32808

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

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 11/17/99 DATE

12. OFFICERS AND DIRECTORS

TITLE: VP	NAME: BROWN, JAMES E	STREET ADDRESS: 7000 CLOVERLAND DR BRENTWOOD TN 37027	CITY-ST-ZIP: BRENTWOOD TN 37027	<input type="checkbox"/> DELETE
TITLE: VD	NAME: DUBUISSON, LUCIE E	STREET ADDRESS: 1412 BUNKER HILL RD BRENTWOOD TN 37027	CITY-ST-ZIP: BRENTWOOD TN 37027	<input type="checkbox"/> DELETE
TITLE: VP	NAME: GREGORY, JACKIE M	STREET ADDRESS: 526 FRANKLIN RD BRENTWOOD TN 37027	CITY-ST-ZIP: BRENTWOOD TN 37027	<input type="checkbox"/> DELETE
TITLE: PD	NAME: GREGORY, DONALD L.	STREET ADDRESS: 526 FRANKLIN RD BRENTWOOD TN 37027	CITY-ST-ZIP: BRENTWOOD TN 37027	<input type="checkbox"/> DELETE
TITLE: VD	NAME: GREGORY, FAITH ANN	STREET ADDRESS: 1302 S OAK DR NASHVILLE TN 37211	CITY-ST-ZIP: NASHVILLE TN 37211	<input type="checkbox"/> DELETE
TITLE: VD	NAME: GREGORY, DANIEL A	STREET ADDRESS: 111 WEST 9TH ST. DURANGO CO 81302	CITY-ST-ZIP: DURANGO CO 81302	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS: 4006 ARNST WAY	2.4 CITY-ST-ZIP: SPRING HILL TN 37174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS: 300003050533--0	3.4 CITY-ST-ZIP: -11/22/99--01017--026	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS: 300003050533--0	4.4 CITY-ST-ZIP: -11/22/99--01017--027	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Dubuison, P. Lucie E. DUBUISSON 11/15/99 615-776-8256

CR2E034 (5/99)