

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).

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

APPROVED  
AND  
FILED

99 NOV 17 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 03/23/1990	
4. FEI Number 62-1401881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X-2	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOEPKE, NANCY M  
1256 LAKE WILLISARA CIR  
ORLANDO FL 32808

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME BROWN, JAMES E  
STREET ADDRESS 7000 CLOVERLAND DR  
CITY-STATE-ZIP BRENTWOOD TN 37027

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE VD ☐ DELETE

NAME DUBUISSON, LUCIE E  
STREET ADDRESS 1412 BUNKER HILL RD  
CITY-STATE-ZIP BRENTWOOD TN 37027

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 4006 ARNST WAY  
2.4 CITY-STATE-ZIP SPRING HILL TN 37174

TITLE VP ☐ DELETE

NAME GREGORY, JACKIE M  
STREET ADDRESS 526 FRANKLIN RD  
CITY-STATE-ZIP BRENTWOOD TN 37027

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 300003050533--0  
3.4 CITY-STATE-ZIP -11/22/99--01017--026  
\*\*\*750.00

TITLE PD ☐ DELETE

NAME GREGORY, DONALD L  
STREET ADDRESS 526 FRANKLIN RD  
CITY-STATE-ZIP BRENTWOOD TN 37027

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 300003050533--0  
4.4 CITY-STATE-ZIP -11/22/99--01017--027  
\*\*\*17.50 \*\*\*17.50

TITLE VD ☐ DELETE

NAME GREGORY, FAITH ANN  
STREET ADDRESS 1302 S OAK DR  
CITY-STATE-ZIP NASHVILLE TN 37211

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE VD ☐ DELETE

NAME GREGORY, DANIEL A  
STREET ADDRESS 111 WEST 9TH ST.  
CITY-STATE-ZIP DURANGO CO 81302

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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* *VP Lucie E. Dubuisson*

11/15/99 615-776-8252

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CR2E034 (5/99)