

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P28696
 1. Entity Name
 UNITED SHOWS OF AMERICA, INC.

Principal Place of Business 900 EXPO DRIVE SMYRNA TN 37167	Mailing Address PO BOX 9-900 EXPO DRIVE SMYRNA TN 37167
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address PO BOX 9 Suite, Apt. #, etc. City & State Zip
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4. FEI Number 62-1401881	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 KOEPKE NANCY M
 1256 LAKE WILLISARA CIR
 ORLANDO FL 32806

7. Name and Address of New Registered Agent
 Name
 KOEPKE NANCY M
 Street Address (P.O. Box Number is Not Acceptable)
 1256 LAKE WILLISARA CIR
 City
 ORLANDO FL Zip Code
 32806

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE NANCY M. KOEPKE DATE 04/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGORY DANIEL A 111 WEST 9TH ST. DURANGO CO 81302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGORY FAITH ANN 1302 S OAK DR NASHVILLE TN 37211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGORY, DONALD L. 526 FRANKLIN RD BRENTWOOD TN 37027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREGORY JACKIE M 526 FRANKLIN RD BRENTWOOD TN 37027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUBUISSON LUCIE E 4006 ARMST WAY SPRING HILL TN 37174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN JAMES E 7000 CLOVERLAND DR BRENTWOOD TN 37027 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGORY DANIEL A 1199 MAIN AVENUE, SUITE 213 DURANGO CO 81301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGORY-GENTRY FAITH A 6022 TURNING LEAF DRIVE SMRYNA TN 37167 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGORY DONALD L 526 FRANKLIN RD BRENTWOOD TN 37027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGORY JACKIE M 526 FRANKLIN RD BRENTWOOD TN 37027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUBUISSON LUCIE E 4006 ARNST WAY SPRING HILL TN 37174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN JAMES E 5930 CLOVERLAND DR BRENTWOOD TN 37027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lucie E. Dubuisson VP Date 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)

RICK D. GENTRY, V.P. & DIRECTOR
6022 TURNING LEAF DRIVE

SMYRNA, TN 37167

WILLIAM P. ALDERSON, V.P. & DIRECTOR
1211 CHOCTAW TRAIL

BRENTWOOD, TN 37027

JODI G. ALDERSON, V.P. & DIRECTOR
1211 CHOCTAW TRAIL

BRENTWOOD, TN 37027

VONNA JO GREGORY, CO-CHAIRMAN & DIRECTOR
522 FRANKLIN ROAD

BRENTWOOD, TN 37027

E. A. GREGORY, CHAIRMAN & DIRECTOR
522 FRANKLIN ROAD

BRENTWOOD, TN 37027