

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90219 016 ***167.50

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-1401881**

Applied For

Not Applicable

5. Certificate of Status Desired **(2)** ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHARES, WILLIAM B
1489 S BROCKSMITH
FORT PIERCE FL 34945**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **BROWN, JAMES E**
STREET ADDRESS **5930 CLOVERLAND DR**
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DUBUISSON, LUCIE E**
STREET ADDRESS **4006 ARNST WAY**
CITY-ST-ZIP **SPRING HILL TN 37174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **GREGORY, JACKIE M**
STREET ADDRESS **526 FRANKLIN RD**
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **GREGORY, DONALD L**
STREET ADDRESS **526 FRANKLIN RD**
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **GREGORY-GENTRY, FAITH A**
STREET ADDRESS **6022 TURNING LEAF DRIVE**
CITY-ST-ZIP **SMYRNA TN 37167**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **GREGORY, DANIEL A**
STREET ADDRESS **1199 MAIN AVENUE, SUITE 213**
CITY-ST-ZIP **DURANGO CO 81301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

UNITED SHOWS OF AMERICA, INC.

SIGNATURE: 31: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03
Date

615-462-3000
Daytime Phone #

CR2E034 (10/02)