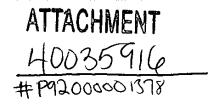
FILED Mar 15, 2007 8:00 am Secretary of State 03-15-2007 90016 002 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUI 1. Entity Nam FT EQUIT | 18 | ⁻ # P92000001 P. | | | | - | | | | |
|--|---|--------------------------------|---|------------|--|-----------------------|------------------------|---------|-------------|---------------------------|
| Principal Plac | e of Busines | i\$ | Mailing Address | | | 40035916 | | | | |
| 8505 W IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747-8201 US | | | 8505 W IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747-8201 US | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | |
| Suite, Apt #, etc. | | | Suite, Apt. #, etc. | | | 02062007 | Chg-P | CR2E03 | (12/06) | |
| City & State | | | City & State | | | 4. FEI Numb 59-315 | | | | plied For t Applicable |
| Zip | Country | | Ζίμ | Country | | 5. Certificate | of Status Desired | | 8.75 Add | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent Name | | | | | |
| LOWER, BRIAN T 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747-8201 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 700 | , | | | | City | | | | Zip Code | |
| R. The above | named and | tu cubmite this cratement to | y the regrees of changing it | n regieter | | red ecent or bo | th in the State of Ele | FL | | |
| 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 preded states of registered agent and this it assisted bits. (NOTF Registered Agent signature regular) when relegatered in DATE | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | | | | | | | |
| 10, | | OFFICERS AND | | 11. | | ADDITIONS | CHANGES TO OFF | | | |
| TITLE NAME | ASAT Delete 1111 CRENSHAW, CHIP RAM | | | | s I | | | | Change | Addition |
| STREET AUDRESS CHY-51-2P | 8700 TRAIL LAKE DR WEST STE 300 SIN | | | | LEFADURESS SE | e Attach ficers. | ed List Fo | or Addi | tiona: | L |
| BILL HAME STREET ADDRESS CHY-SI-ZE | • | | | | 1 | | | - | Change | ☐ Addition |
| TITLE MAME STHEET ADDRESS CREY-ST-ZEP | | | | | - 1 | | | | Change | Addition |
| THEE STAME STREET ADDRESS CHY-ST-ZIP | | | | | į | | | ļ | Change | Addition |
| THLE HAME STREET ADDRESS CHY-ST-ZP | | | | | I | | | | Change | Addition |
| TITLE NAME STHELT ADDRESS CLEY-ST-ZIP | MEMPHIS, TN 38125 | | | | LE EET ADDRESS -ST-ZIP | | | | Change | Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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. SIGNATURE: | | | | | | | | | | |
| SIGNATURE: SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayle Officer OR DI | | | | | | | | | | |



FT EQUITY (FEI # 59-3159652)

8700 Trail Lake Dr. West, Suite 300 Memphis, TN 38125

C. Kemmons Wilson, Jr. D/P Spence Wilson D Carole Wilson West D William R. Batt Executive VP/T Chip Crenshaw Asst. S/Asst. T

Amy Jarreau Asst. S

Gary McClain S/Asst. T

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Exec. VP=Executive Vice President, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant