

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90010 037 ***150.00

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # P99000066386 1. Entity Name NASHVILLE INTERNATIONAL GP, INC. | | | | | |
| Principal Place of Business 300 SE 2ND ST FORT LAUDERDALE, FL 33301 | | | Mailing Address 300 SE 2ND ST FORT LAUDERDALE, FL 33301 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0941810 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JONES, PATRICIA % STILES CORP. 300 SE 2ND ST FORT LAUDERDALE, FL 33301 | | | | 7. Name and Address of New Registered Agent Name Robert Esposito Street Address (P.O. Box Number is Not Acceptable) Stiles Corporation 300 SE 2nd Street City Fort Lauderdale FL Zip Code 33301 | |
| 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 Robert Esposito January 31, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP STILES, TERRY W 300 SE 2ND ST FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT EAGON, DOUGLAS P 300 SE 2ND ST FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS JONES, PATRICIA 300 SE 2ND ST FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS FLOREK, DONNA 300 SE 2ND ST FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STINE, JAMES W 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FERRERA, ROCCO 300 SE 2ND ST FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 another like empowered. | | | | | |
| SIGNATURE: Terry W. Stiles January 31, 2008 954-627-9300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

40029000



01112008 Chg-P CR2E034 (12/06)

ATTACHMENT
40029888
P99000066386
UNIFORM BUSINESS REPORT

11. CONTINUED

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|-----------------|----------------------------|----------|
| TITLE: | V | ADDITION |
| NAME: | O'SHEA, DENNIS F. | |
| STREET ADDRESS: | 300 SE 2 nd St. | |
| CITY-ST-ZIP: | Ft. Lauderdale, FL 33301 | |

| | | |
|-----------------|----------------------------|----------|
| TITLE: | V | ADDITION |
| NAME: | PALMER, STEPHEN R. | |
| STREET ADDRESS: | 300 SE 2 nd St. | |
| CITY-ST-ZIP: | Ft. Lauderdale, FL 33301 | |