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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stree
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
505316	Flatwoods Productions, Inc.

3. Street Address Principal Business Office	City	State	Zip
631 2nd Ave S, Suite 300	Nashville	TN	37210

4. Business Phone No	5. State of Incorporation
615-256-1111	Tennessee

6. Brief Description of the Character of Business Conducted in Rhode Island
Touring Band

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Billy Ray Cyrus	
Street Address: 631 2nd Ave S, Suite 300	Street Address
City: Nashville / State: TN / Zip: 37210	City / State / Zip
Secretary Name: Jim R Humphres	Treasurer Name
Street Address: 631 2nd Ave S, Suite 300	Street Address
City: Nashville / State: TN / Zip: 37210	City / State / Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Billy Ray Cyrus	
Street Address: 631 2nd Ave S, Suite 300	Street Address
City: Nashville / State: TN / Zip: 37210	City / State / Zip
Director Name: Jim R Humphres	Director Name
Street Address: 631 2nd Ave S, Suite 300	Street Address
City: Nashville / State: TN / Zip: 37210	City / State / Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000		no par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Jim R. Humphres — 9/22/10
Signature — *Date*

Jim R Humphres
Print or Type Name

Secretary
Title

[redacted]

File Date FILED
Check No. DEC 28 2010
By: By 12/28
56625-10-544970
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Form 630 Rev. 08/08