


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06000001887</b> 1. Entity Name DSI INSTITUTES, INC.	
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Principal Place of Business 511 UNION STREET STE. 1800 NASHVILLE, TN 37219	Mailing Address 511 UNION STREET STE. 1800 NASHVILLE, TN 37219
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**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 68-0615878	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE  
IN THIS SPACE**

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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE 05/23/08-80029-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TANNENBAUM, JEROME S 511 UNION STREET STE. 1800 NASHVILLE, TN 37219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFKOVITZ, JUDY 511 UNION STREET STE. 1800 NASHVILLE, TN 37219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARRISON, STEVE 511 UNION STREET STE. 1800 NASHVILLE, TN 37219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENCEL, KEN 511 UNION STREET STE. 1800 NASHVILLE, TN 37219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLACK, BRUCE 30 ROCKEFELLER PLAZA STE 5050 NEW YORK, NY 10112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNABEL, MICHAEL 30 ROCKEFELLER PLAZA STE 5050 NEW YORK, NY 10112

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:** Michael Mauld **4/17/08 (615) 777-8200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #