

**FILED**  
**Jul 23, 2004 08:00 AM**  
**Secretary of State**

|   |  |  |  |
|---|--|--|--|
| <b>DOCUMENT # J34768</b><br>1. Entity Name<br><b>DIVERSIFIED CAPITAL CORPORATION OF TENNESSEE</b>   |  |                                       |  |
| Principal Place of Business<br><b>3350 PLAYERS CLUB PKWY<br/>SUITE 110<br/>MEMPHIS, TN 38125</b>  |  | Mailing Address<br><b>3350 PLAYERS CLUB PKWY<br/>SUITE 110<br/>MEMPHIS, TN 38125</b>                                   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |                                      |  |
|   |  | 07142004 No Chg-P CR2E034 (10/03)  |  |
|   |  | 4. FEI Number<br><b>59-2815089</b>   |  |
|   |  | Applied For<br>Not Applicable  |  |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |
|   |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |  | <b>DO NOT WRITE IN THIS SPACE</b>  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> DATE _____  |  |  |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
|   |  | <b>U00000167991<br/>07/23/04-80005-010 550.00</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | CEO<br>MAYES, ROBERT E III<br>3407 LAKE POINTE COVE<br>MEMPHIS, TN 38125   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | VS<br>BROWN, RAY<br>3350 PLAYERS CLUB PKWY #110<br>MEMPHIS, TN 38125   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <b>DO NOT WRITE IN THIS SPACE</b>  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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:   |  | 7119104 901-374-9664   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #   |  |