2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR 17 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001360 AF

DOCUMENT # M99000001228

1. Entity Name
DDMS OPERATIONS, LLC

Principal Place of Business	Mailing Address
17 COMMERCE STREET BALTIMORE MD 21202	17 COMMERCE STREET BALTIMORE MD 21202-3230

2. Principal Place of Business	3. Mailing Address
5050 Poplar Avenue	5050 Poplar Avenue
Suite, Apt. #, etc. 1800	Suite, Apt. #, etc. 1800
City & State Memphis TN	City & State Memphis
Zip 38157 Country USA	Zip TN 38157 Country USA

DO NOT WRITE IN THIS SPACE

MPM

4. FEI Number 52-2144985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Due 5/1/00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NABIT, CHARLES J 17 COMMERCE STREET BALTIMORE MD 21202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003228816--3 -04/28/00--01065--004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWATLEY, TERRY 5050 POPLAR AVE., SUITE 1800 MEMPHIS TN 38157 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****50.00 *****50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Terry Swatley (901) 767 1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #