

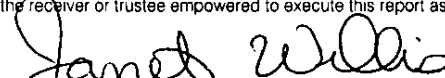


**FILED**  
**May 25, 2007 8:00 am**  
**Secretary of State**

40118508

<b>DOCUMENT # M990000000088</b>				05-25-2007 90199 033 ****50.00	
1. Entity Name DPI TELECONNECT, L.L.C.					
Principal Place of Business 2997-LBJ FREEWAY, SUITE 225 DALLAS, TX 75234		Mailing Address 6455 EAST JOHNS CROSSING, SUITE 285 DULUTH, GA 30097		40118508	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2997 LBJ Freeway 3100 Cumberland Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #225		04192007 Chg-LLC CR2E083 (12/06)	
City & State		City & State Dallas, TX		4. FEI Number 75-2793726	
Zip		Country USA		Applied For Not Applicable	
Country		Zip 75234		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TCS CORPORATE SERVICES, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DORWART, DAVID B 2997-LBJ FREEWAY, SUITE 225 DALLAS, TX 75234	<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	MGR MORGENSTERN, WILLIAM E 2997-LBJ FREEWAY, SUITE 225 DALLAS, TX 75234	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Robert D. Davis 2997 LBJ Freeway #225 Dallas TX 75234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLEMING, ROBERT B JR 2997 LBJ FREEWAY, STE 225 DALLAS, TX 75234	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Christopher A. Korst 2997 LBJ Freeway #225 Dallas TX 75234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Dwight D. Dumlér 2997 LBJ Freeway #225 Dallas TX 75234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Dawn M. Wolverton 2997 LBJ Freeway #225 Dallas TX 75234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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: 		5/17/2007			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			