

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90142 029 \*\*\*150.00

**DOCUMENT # F99000000051**

1. Entity Name  
**DIGITAL TELEPORT, INC.**

Principal Place of Business      Mailing Address  
**8112 MARYLAND AVENUE, 4TH FLOOR**      **8112 MARYLAND AVENUE, 4TH FLOOR**  
**ST. LOUIS MO 63105**      **ST. LOUIS MO 63105**

00006222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>43-1674259</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCEO	<input checked="" type="checkbox"/> Delete		TITLE	CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WEINSTEIN, RICHARD D			NAME	PAUL PIERRON		
STREET ADDRESS	8112 MARYLAND AVENUE			STREET ADDRESS	8112 MARYLAND AVENUE		
CITY-ST-ZIP	ST. LOUIS MO 63105			CITY-ST-ZIP	ST. LOUIS, MO 63105		
TITLE	CFOV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOUGLASS, GARY W			NAME			
STREET ADDRESS	8112 MARYLAND AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS MO 63105			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHIPPLE, ANDREW W			NAME			
STREET ADDRESS	8112 MARYLAND AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS MO 63105			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURPHY, JERRY W			NAME			
STREET ADDRESS	8112 MARYLAND AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS MO 63105			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, DANIEL A			NAME			
STREET ADDRESS	8112 MARYLAND AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS MO 63105			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:      4-27-01      (314) 253-6623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)