

WED 15:04 FAX

MAR-29-2000 14:41

CT CORPORATION SYSTEM

DOCUMENT #

1. Entity Name

DTI NETWORKS, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3651 FAN BOULEVARD

Suite, Apt. 8, etc.
SUITE 300

City & State

BOCA RATON, FL

Zip
33431

County

3. Mailing Address

3651 FAN BOULEVARD

Suite, Apt. 8, etc.
SUITE 300

City & State

BOCA RATON, FL

Zip
33431

County

4. FEI Number

62-1541266

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

By the person, agent or person named as registered agent (and who is authorized)

By the Registered Agent (or other person authorized to act on behalf of the agent)

Date

9. This corporation is eligible to qualify its foreign tax filing requirement and wants to do so.
(See criteria on back)☐10. Election Campaign Financing
Trust Fund Contribution☐\$5.00 may be
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE
	P/S/D			
	DENNIS CHATEAU NEUF	3651 FAN BOULEVARD, SUITE 300	BOCA RATON, FL 33431	
	V/T			
	FLYNN MATTHEWS	3651 FAN BOULEVARD, SUITE 300	BOCA RATON, FL 33431	
	D			
	DICK BOOMAN	3651 FAN BOULEVARD, SUITE 300	BOCA RATON, FL 33431	
	D			
	MIKE FRANK	3651 FAN BOULEVARD, SUITE 300	BOCA RATON, FL 33431	
	D			
	RICHARD GRANT	3651 FAN BOULEVARD, SUITE 300	BOCA RATON, FL 33431	
	D			
	GAGE SMITHERMAN	3651 FAN BOULEVARD, SUITE 300	BOCA RATON, FL 33431	

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE	Change	Add
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), 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 incorporator or individual empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of this filing.

SIGNATURE: James Matthews FLYNN MATTHEWS 3/30/00 561-3224122

Notarize this filing on Notice of Public Hearing or Notice of Public Hearing

Date

Notary Public

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90176 020 ***158.75

831106

DO NOT WRITE IN THIS SPACE

CORP-004 (REV)

MAR-29-2000 14:41

CT CORPORATION SYSTEM

850 222 7615 P.02/03

831106

DOCUMENT

1. Entity Name

DTT NETWORKS

CONTINUATION

PAGE 2 OF 2

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Sign your report or printed name of registered agent on this form if applicable.

(NOTE: Registered Agent may make required when renewing)

Date

9. This corporation is eligible to satisfy its franchise
Tax filing requirement and elects to do so.
(See criteria on back)☐10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	JEAN-PIERRE BOESPLUG	
STREET ADDRESS	3651 PAN BOULEVARD, SUITE 300	
CITY-ST-ZIP	BOCA RATON, FL 33431	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

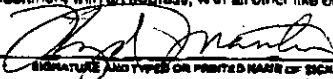
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



3/30/00 56132-4122

Signature and typed or printed name of signing officer or director

Date

Phone Number

CR2ED04 (9/98)