WED 15:04 FAX

MAR-29-2000 14:41 CT CORPORATION SYSTEM

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

04-10-2000 90176 020 ***158.75

831106

DOCUMENT # F99000002179

1. Entity Name

DTI NETWORKS, INC

Principal Place of Business / Mailing Address

2. Principal Place of Business: 3651 FAU BOULEVARD, SUITE 300, BOCA RATON, FL 33431, County:

3. Mailing Address: 3651 FAU BOULEVARD, SUITE 300, BOCA RATON, FL 33431, County:

DO NOT WRITE IN THIS SPACE

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 _____ Date

9. This corporation is eligible to satisfy its triennial 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

P/S/D DENNIS CHATEAUNEUF 3651 FAU BOULEVARD, SUITE 300 BOCA RATON, FL 33431	☐ Delete
V/T FLOYD MATTHEWS 3651 FAU BOULEVARD, SUITE 300 BOCA RATON, FL 33431	☐ Delete
D DICK BOOMAN 3651 FAU BOULEVARD, SUITE 300 BOCA RATON, FL 33431	☐ Delete
D MIKE FRANK 3651 FAU BOULEVARD, SUITE 300 BOCA RATON, FL 33431	☐ Delete
D RICHARD GRANES 3651 FAU BOULEVARD, SUITE 300 BOCA RATON, FL 33431	☐ Delete
D GREG SMITHERMAN 3651 FAU BOULEVARD, SUITE 300 BOCA RATON, FL 33431	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

CR2E024 (1/98)

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: Floyd Matthews FLOYD MATTHEWS 3/30/00 561-3224122

(Attorney May Not Execute This Document) Date Telephone Number

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DOCUMENT

1. Entity Name

DTV 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	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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 ______________________________

Signature, typed or printed name of registered agent and title if applicable (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. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN PIERRE BOESPFLUG 3651 FAU BOULEVARD, SUITE 300 BOCA RATON, FL 33431	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] FLOYD MATTHEWS 3/30/00 561-392-4122

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