2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# F99000004850

Entity Name: DSL.NET, INC.

Current Principal Place of Business:

545 LONG WHARF DRIVE
NEW HAVEN, CT 06511

New Principal Place of Business:

50 BARNES PARK NORTH
SUITE 104
WALLINGFORD, CT 06492

Current Mailing Address:

545 LONG WHARF DRIVE
NEW HAVEN, CT 06511

New Mailing Address:

50 BARNES PARK NORTH
SUITE 104
WALLINGFORD, CT 06492

FEI Number: 06-1510312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CASD ( ) Delete
Name: STRUWAS, DAVID
Address: 545 LONG WHARF DRIVE 5TH FLOOR
City-St-Zip: NEW HAVEN, CT 06511

Title: CFOT ( ) Delete
Name: KESICH, WALTER
Address: 545 LONG WHARF DRIVE
City-St-Zip: NEW HAVEN, CT 06512

Title: VPCS ( ) Delete
Name: ESTERMAN, MARC
Address: 545 LONG WHARF DRIVE
City-St-Zip: NEW HAVEN, CT 06511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SECR (X) Change ( ) Addition
Name: CHISHOLM, STEVEN
Address: 555 ANTON BLVD, SUITE 200
City-St-Zip: COSTA MESA, CA 92626

Title: PRES (X) Change ( ) Addition
Name: YOUNG, D. CRAIG
Address: 555 ANTON BLVD, SUITE 200
City-St-Zip: COSTA MESA, CA 92626

Title: ASEC (X) Change ( ) Addition
Name: BROWNE, STEVE
Address: 555 ANTON BLVD, SUITE 200
City-St-Zip: COSTA MESA, CA 92626

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCHULA HOBBS D-RA 04/25/2007

Electronic Signature of Signing Officer or Director — Date