

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001269

1. Entity Name
DTK TELECOMMUNICATIONS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 27 AM 11:02

Principal Place of Business
1000 SECOND AVENUE, SUITE 1601
SEATTLE WA 98104

Mailing Address
1000 SECOND AVENUE, SUITE 1601
SEATTLE WA 98104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
91-1894207

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME Delete
MGR POWER, CHARLES R
STREET ADDRESS 1000 SECOND AVENUE, SUITE 1601
CITY-ST-ZIP SEATTLE WA 98104

10. ADDITIONS / CHANGES

TITLE NAME Change Addition
200003415782--4
STREET ADDRESS -10/05/00--01114--016
CITY-ST-ZIP *****55.00 *****55.00

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 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: SICILIA REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/26/2000 (206)292-9508
Date Daytime Phone #

CFR2E083 (5/00)