

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90050 008 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M99000001269

1. Entity Name
DTK TELECOMMUNICATIONS, LLC

Principal Place of Business
7023 NE 175TH ST., SUITE H
KENNORE, WA 98028

Mailing Address
P.O. BOX 82446
KENNORE, WA 98028

2. Principal Place of Business
Subs. Apt #, etc.
City & State
Zip

3. Mailing Address
Subs. Apt #, etc.
City & State
Zip

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.
628 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____

9. MANAGING MEMBERS / MANAGERS

10. TITLE	11. NAME	12. STREET ADDRESS	13. CITY - ST - ZIP	14. Delete
	MGRM			<input type="checkbox"/>
	POWER, CHARLES			<input type="checkbox"/>
	7023 NE 176TH ST., SUITE H			<input type="checkbox"/>
	KENMORE, WA 98028			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

15. ADDITIONS/CHANGES

16. TITLE	17. NAME	18. STREET ADDRESS	19. CITY - ST - ZIP	20. Change	21. Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 19.073(1), 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 register of a trustee empowered to execute this report as required by Chapter 806, Florida Statutes.

SIGNATURE: _____

08 25/03 206 660-3865

OR 1-877-373, 3121 ext 583)