


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

1/3

01-31-2003 90383 016 \*\*\*150.00

<b>DOCUMENT # P25340</b> 1. Entity Name <b>DATA TRANSMISSION NETWORK CORPORATION</b>			
Principal Place of Business <b>EMBASSY PLAZA BUILDING</b> <b>9110 WEST DODGE RD. SUITE 200</b> <b>OMAHA NE 68114-3324</b>		Mailing Address <b>EMBASSY PLAZA BUILDING</b> <b>9110 WEST DODGE RD. SUITE 200</b> <b>OMAHA NE 68114-3324</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>47-0669375</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LARSON, BRIAN 9110 WEST DODGE ROAD OMAHA NE 68114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO & Director Kenneth J. Benveniste 9110 W. Dodge Rd., Ste. 200 Omaha, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP URZENDOWSKI, JOSEPH 9110 WEST DODGE ROAD OMAHA NE 68114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ellen I. Keating 9110 W. Dodge Rd., Ste. 200 Omaha, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PETERSON, DANIEL 9110 WEST DODGE ROAD OMAHA NE 68114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Greg T. Sloma 9110 W. Dodge Rd., Ste. 200 Omaha, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOMA, GREG T 9110 WEST DODGE ROAD OMAHA NE 68114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Greg T. Sloma 9110 W. Dodge Rd., Ste. 200 Omaha, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUHLER, JOHN 350 PARK AVENUE 7TH FLOOR NEW YORK NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Greg T. Sloma 9110 W. Dodge Rd., Ste. 200 Omaha, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROELLER, SCOTT 350 PARK AVENUE 7TH FLOOR NEW YORK NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Greg T. Sloma 9110 W. Dodge Rd., Ste. 200 Omaha, NE 68114
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Ellen I. Keating</u> 1/24/03 (402) 255-8416			

CR2E034 (10/02)