

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90144 040 ***550.00

DOCUMENT # F01000004067

1. Entity Name
RADIANT NETWORKS INC.

Principal Place of Business Mailing Address
18302 HIGHWOODS PRESERVE PARKWAY SUITE 208 8875 HIDDEN RIVER PARKWAY SUITE 300
TAMPA FL 33647 TAMPA FL 33637

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **52-2274523** 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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 **PC** ☒ Delete
 NAME **GIBSON, WILLIAM**
 STREET ADDRESS **WEAVERS, MILL ROAD, DEBDEN, ESSEX**
 CITY-ST-ZIP **CB11 3LB U.K.**

TITLE **PC** ☐ Change ☒ Addition
 NAME **BUTCHER, GEOFF**
 STREET ADDRESS **LEAMINGTON HALL FARM, FOSSE WAY, HARBURY**
 CITY-ST-ZIP **CU33 9JP U.K.**

TITLE **WC** ☒ Delete
 NAME **JACKSON, TIMOTHY**
 STREET ADDRESS **21 CLARKSON ROAD, CAMBRIDGE, CB3 0EH**
 CITY-ST-ZIP **UK**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **CARLSE, IVAN**
 STREET ADDRESS **HOMESTEAD BARN, LONG LANE, FOWLMERE**
 CITY-ST-ZIP **SG8 7TG**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SIDDIQUI, NADEEM**
 STREET ADDRESS **479 UNTHANK ROAD, NORWICH, NORFOLK**
 CITY-ST-ZIP **NR4 7QN UK**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BATES, ALAN**
 STREET ADDRESS **BARNFIELD, FAIR MILE, HENLEY-ON-THAMES**
 CITY-ST-ZIP **OXON, RG9 254 UK**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/27/2002 **44 1799 533725**
 Date Daytime Phone #

CR2E034 (4/02)