## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F01000004067

Title:

Name:

Address:

City-St-Zip:

PC

BUTCHER, GEOFF

C433 9JP, UK, HARBURY

() Delete

LEAMINGTON HALL FARM, FOSSE WAY

Entity Name: RADIANT NETWORKS INC.

FILED Sep 08, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 18302 HIGHWOODS PRESERVE PARKWAY STE 208 TAMPA, FL 33647 **Current Mailing Address: New Mailing Address:** 8875 HIDDEN RIVER PARKWAY SUITE 300 18302 HIGHWOODS PRESERVE PKWY TAMPA, FL 33637 208 TAMPA, FL 33647 FEI Number: 52-2274523 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CARLSE, IVAN Name: Name: HOMESTEAD BARN, LONG LANE, FOWLMERE Address: Address: City-St-Zip: SG8 7TG City-St-Zip: Title: Title: () Delete () Change () Addition Name: SIDDIQUI, NADEEM Name: 479 UNTHANK ROAD, NORWICH, NORFOLK Address: Address: NR4 7QN UK, City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition BATES, ALAN Name: Name: BARNFIELD, FAIR MILE, HENLEY-ON-THAMES Address: Address: City-St-Zip: OXON, RG9 254 UK, City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: IVAN CARLSE ST 09/08/2003

() Change () Addition