FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400006395

1. Corporation Name

AMERICAN TELESOURCE INTERNATIONAL, INC.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90107 006 ***150.00



									
Principal Place	of Business	Mailing Address			"	DESIGN SILO IDILI DIDIZ ADIZI D		ON COMPANIES INSTRU	4191 4111 1891
12500 NETWORK BLVD., STE. 407 12500 NETWORK BLVD., STE. 407									
SAN ANTONIO	SAN ANTONIO TX 78249						22405		
				DO NOT WRITE IN THIS SPACE			SPACE		
						corporated or Qualifed			
						<u>/1994</u>			
2. Principa Place of Business 2a. Mailing Address						4. FEI Number		· · · · · · · · · · · · · · · · · · ·	lied For
21 26						<u>90895</u>			Applicable
Suite, Apt. #, etc.					5 Certifo	ate of Status Desired		\$8.75 A	
22								Fee Red	
City & State City & State						n Campaign Financing		\$5.00	-
23 28		28				und Contribution		Added to	Fees
Zip	Country	Zip Cour		У	8. This corporation owes the current ye		rent year int		
24	25	29	30			al Property Tax.			No
	9. Name and Address of Curre	nt Registered Agent		_		and Address of New	Registere d	Agent	
			8	1 Name					
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			8	2 Street	Acdress (P.O. Box	Number is Not Accept	table)		
1201 HAYS ST., STE. 105									
TALLAHASSEE FL 32301			8	3		-			
				4 City	<u> </u>			85 Zip C	ode
			°	City			FL	. 03 2.5 0	
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	es, the abo	ve-named	corporation submit	s this statement for the	purpose of	changing its r	gistered
office or re	egistered agent, or bo h, in the State m familiar with, and accept the obligi	of Florida, Such change was a	iuthorized b	v the cord	ooration's board of o	irectors. I hereby acce	ept the appoi	ntment as reg	stered
agent. ar	Trainillar with, and accept the obliga	ati his di, dection con losos, i k	maa otatate	.3.					
SIGNATURE	Signature, typed or printed na ne of registered agr	ent and title if applicable. (NOTI	: Registered Ag	ent signature	required when reinstating)		DATE		
12.		NE DIRECTORS	13.		ADDITIO	INS/CHANGES TO O	FFICERS /\	ID DIRECTOR	S IN 12
TITLE	CP	☐ DELETE	11 TITLE		PRESIDE	NT		Change	Addition
NAME	SMITH, ARTHUR L		12 NAME	:	RANDY				
STREET ADDRESS	12500 NETWORK BLVD., STE	407	13 STRE	ET ADDRESS	1.13500 1	ETWINEK R	GV/	5+0 41	ו דם
1	SAN ANTONIO TX 78249	. 10.	1.4 CITY		SANAN	ONIO,TX	8249		•
CITY-ST-ZIP	ST ST	☐ DELETE	2 1 TITLE		<u> </u>	1 <u>- </u>		Change	Addition
	SAATHOFF, H. DOUGLAS		2.2 NAME						
NAME	12500 NETWORK BLVD., STE.	407		Et address					
STREET ADDRE 3S	· · · · · · · · · · · · · · · · · · ·	. 40/	1		'				
. C(TY-ST-ZIP	SAN ANTONIO TX 78249	DELETE	3.1 TITLE	_		· 	 -	Change	Addition
TITLE	DFR CUCIAS CHRIS								
NAME	CUEVAS, CHRIS	107	3.2 NAME		İ				İ
STREET ADDRESS	12500 NETWORK BLVD STE 4	W/		ET ADDRESS	1				
CITY-ST-ZIP	SAN ANTONIO TX 78249		3.4. CITY		 			☐ Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE					change	
NAME			4. 2 NAM						
STREET ADDRESS			4.3 STRE	ET ADDRESS	;				
CITY-ST-ZIP			4.4 CITY-		<u> </u>				
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAMI						
STREET ADDRESS				ET ADDRESS	5				
CITY-ST-ZIP			5.4 CITY		<u> </u>				
TITLE		☐ DELETE	6.1 T/TLE					Change	Addition
NAME			6.2 NAM	≣					
STREET ADDRESS			6.3 STRE	ET ADDRESS	3				
CITY-ST-ZIP			6.4 CITY	ST-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with a light empowered.

SIGNATURE:

MAN CHRIS CYEVAS
SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR

(213) 558-6090 Daytime Phone #