

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90059 010 \*\*\*150.00

**DOCUMENT # F94000006395**

1. Entity Name  
**AMERICAN TELESOURCE INTERNATIONAL, INC.**

Principal Place of Business 12500 NETWORK BLVD., STE. 407 SAN ANTONIO TX 78249	Mailing Address 12500 NETWORK BLVD., STE. 407 SAN ANTONIO TX 78249
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2. Principal Place of Business <b>6000 NORTHWEST PKWY</b> Suite, Apt. #, etc. <b>STE 110</b>	3. Mailing Address <b>6000 NORTHWEST PKWY</b> Suite, Apt. #, etc. <b>STE 110</b>
City & State <b>SAN ANTONIO, TX</b>	City & State <b>SAN ANTONIO, TX</b>
Zip <b>78249</b>	Country <b>U.S.A.</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>74-2690895</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**

**7. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST., STE. 105**  
**TALLAHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP</b> <b>SMITH, ARTHUR L</b> <b>12500 NETWORK BLVD., STE. 407</b> <b>SAN ANTONIO TX 78249</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SAATHOFF, H. DOUGLAS</b> <b>12500 NETWORK BLVD., STE. 407</b> <b>SAN ANTONIO TX 78249</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DFR</b> <b>CUEVAS, CHRIS</b> <b>12500 NETWORK BLVD STE 407</b> <b>SAN ANTONIO TX 78249</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>POOLE, RANDY</b> <b>12500 NETWORK BLVD STE 407</b> <b>SAN ANTONIO TX 78249</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO &amp; PRESIDENT</b> <b>ARTHUR L. SMITH</b> <b>6000 NORTHWEST PKWY, STE 110</b> <b>SAN ANTONIO, TX 78249</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD</b> <b>H. DOUGLAS SAATHOFF</b> <b>6000 NORTHWEST PKWY, STE 110</b> <b>SAN ANTONIO, TX 78249</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. CORPORATE CONTROLLER</b> <b>CHRISTOPHER CUEVAS</b> <b>6000 NORTHWEST PKWY, STE 110</b> <b>SAN ANTONIO, TX 78249</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. GEN. COUNSEL / SECRETARY</b> <b>RAYMOND G. ROMERO</b> <b>6000 NORTHWEST PKWY, STE 110</b> <b>SAN ANTONIO, TX 78249</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Christopher Cuevas* (210)547-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR00023

CR2E034 (10/00)