## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jun 05, 2000 8:00 am Secretary of State

DOCUMENT # F99000001929 1. Entity Name  RDST, Inc.					Secretary of State 06-05-2000 90024 047 ***150.00				
						7 2000 7002	1017	150.00	
Principal Plac	ce of Business	Mailing Address			-				
8100 Jet	star Drive, Suite 100 X 75063	6455 East Johns Crossing Suite 285 Duluth, GA 30097			บมของนบง				
2. Principal F	Place of Business	3. Mailing Address			- - -				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 75-277706	5		plied For t Applicable	-	
Zip	Country	Zip	Country		5. Certificate of Status Desire		\$9.75 agains		
	6. Name and Address of Current	Registered Agent			7. Name and Address of Ne	w Registered Ag	ent		]
	CH, RICHARD A			Name	÷.,				
980 N FEDERAL HWY, STE 410 BOCA RATON, FL 33432				Street Address (P.O. Box Number is Not Acceptable)					
•				Cibi	· · · · · · · · · · · · · · · · · · ·		Zin Codi		
				City	**	<u>FL</u>	Zip Code		
Tax filing ( (See crita	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	TILE (O// A) FAMALA - TE EMAKO GINEBIRA VA		licios setalent	10. Election Campaign Trust Fund Contribu	ution.	Added	O May Be I to Fees	
11.	OFFICERS AND		12. TITLE		ADDITIONS/CHANGES TO C	<del>~</del>	TIRECTORS  Change	Addition	− €
TITLE NAME	John Jenkins	☐ Delets	NAME		. !	L	change		ø
STREET ADDRESS	8100 Jetstar Drive, Suite 10	00	STREET	ADDRESS					됟
CITY-ST-ZIP	Irving, TX 75063		CITY-S	T-ZIP					CR2F034 (9/99
TITLE NAME STREET ADDRESS	C/D Roger D. Bryant 8100 Jetstar Drive, Suite 10	□ Delete		ADDRESS	4	E	Change		2
CITY-ST-ZIP	Irving. TX_75063	Delete	CITY-S	1-631			Change	Addition	1
NAME STREET AUDHESS - CITY-ST-ZIP .		□ Denas	NAME	ADDRESS T-ZIP	4 3. °		Creange		
TITLE		☐ Delete	TITLE	<del></del>		[	Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	ADDRESS T-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			Change	Addition	
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indiantad	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporation or the receiver or trustee emporation or the receiver or an address of the control of the control of the certification of the ce	to a and excurate and that a	av eigeobu	ra chall hava tha	a coma lagal attact as it made und	lor cath, that I am	I AN OTICAL	or autector	]

Roger Bryant