02 MAY 16 PM 2: 07

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name Dial-Thru, Inc. formerly RDST, Inc.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	DØ NØI WRIT		SPAC					
2. Principal Place of Business 3. Malling Address 1700 S. Flower Street 1720 Windward C			d Conso					
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Los Angeles CA		City & State Alpharetta GA		4. FEI Number 75-2777065 Applied For Nor Applied For				
Zip 90017	Country	Zip 30005	Count		5. Certificate of Status		\$8 Fee	Not Applicable 3.75 Additional Required
				,	, Name and Address	of Current Registe		•
DO NOT WRITE				Richard A. Murdoch				
				Street Address (P 980N, Fe	P.O. Box Number is Not Acceptable) ederal Hwy, Ste. 410			
TO CHAR						•		
				City Boca R	aton	F	L	Zip Code 33432
Tax filing	Signatura, typed or printed name of registered again poration is eligible to satisfy its Intangit requirement and elects to do so.	danunyil Afterik Amen	May 1 Fe ay 15 Fee li ded UBR (Agent signature required with the control of the co	10. Election Car	DATE npalgn Financing Contribution.		\$5.00 May Be Added to Fees
11.		D DIRECTORS	聚料等			dressatieurs (Licha)	e inici	
TITLE NAME STREET ACCRESS CITY-ST-ZIP	President/Treasurer/Din John Jenkins 700 S. Flower Street Los Angeles CA	ector 90017	MANE STREE GTY					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/Secretarv Allen J. Sciarilio 700 S. Flower Street Los Angeles CA	90017						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President-Engineer Masoud Safi 700 S. Flower Street Los Angeles CA	90017	Six HUMP		" DO N	OT WR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice Presiden Lawrence Vierra 700 S. Flower Street Los Angeles CA	90017	建设有效性	Appendix App			*******	Catalibard tem 1944 bereit bet Trang formen.
TITLE NAME STREET ADDRESS		·	TITLES					

13. I hereby certify that the Information supplied with this filing does not quality 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE
RAME
STREET ADDRESS
CITY-ST-ZIP

Men Scarille Allen Sciarilla

4/25/02 213-627.7590 Data Distant Proper CRZE0348 (12/01