FILED
May 09, 2003 8:00 am
Secretary of State
05-09-2003 90157 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001929

10103703

1. Entity Name
DIAL-THRU, INC.

Principal Place of Business	Mailing Address
700 S FLOWER STREET SUITE 2950 LOS ANGELES, CA 90017	1720 WINDWARD CONCOURSE SUITE 250 ALPHARETTA, GA 30005

2. Principal Place of Business	3. Mailing Address
17383 Sunset Boulevard	
Suite, Apt. #, etc.: Suite 350	Suite, Apt. #, etc.
City & State: Pacific Palisades, CA	City & State
Zip: 90272 Country: USA	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 75-2777065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURDOCH, RICHARD A 980 N FEDERAL HWY, STE 410 BOCA RATON, FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD JENKINS, JOHN 700 S FLOWER STREET LOS ANGELES, CA 90017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	17383 Sunset Boulevard Suite 350 Pacific Palisades, CA 90272	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOS SCIARILLO, ALLEN J 700 S FLOWER STREET LOS ANGELES, CA 90017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	17383 Sunset Boulevard Suite 350 Pacific Palisades, CA 90272	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAFI, MASOUD 700 S FLOWER STREET LOS ANGELES, CA 90017	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VIERRA, LAWRENCE 700 S FLOWER STREET LOS ANGELES, CA 90017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	17383 Sunset Boulevard Suite 350 Pacific Palisades, CA 90272	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Allen Sciarillo Allen Sciarillo 310-566-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #