	MENT # <b>F990000</b>		1	<u> </u>							
1. Entity Name RSI BASEBAND TECHNOLOGIES, INC.						FILED					
Principal Place of Business Mailing Address						01 MAR 23 PM 4: 53					
6901 TPC BLVD ORLANDO FL 3		6901 TPC BLVD SUITE 650 ORLANDO FL 32822				SECRETARY OF STATE TALLAHASSEE FLORIDA					
	Place of Business	3. Mailing Address c/o VertexRSI									
Suite, Apt.		Suite, Apt. #, etc.  2600 N. Longview Street City & State				4. FEI Number 59-3586791 Applied For					
Zip Country		Kilgore, TX	Zip Country			<b>5.</b> Cer	tificate of Status Des	<del></del>	\$8.75 Add	ot Applicable	
	6. Name and Address of Current F	75662 legistered Agent	USA			7. Nar	ne and Address of I	New Registered			
Name						_	<del></del>		•	,	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Address (P.O. Box Number is Not Acceptable)						
			<u> </u>	City				FI	Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registered											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						hen reinst	ating)	DATE		<del></del>	
Tax filling (	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00		<b>10.</b> Election Campai Trust Fund Conti			<b>0</b> May Be I to Fees	
11.	OFFICERS AND D	<del> </del>	12.			ADDI	TIONS/CHANGES TO	OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000 000 IT NEW TIONE HOME, COME 200 M			ADDRESS ZIP					Change	Addition	
TITLE	VF	Delete	TITLE		VSTD	)			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	1000 COOTT TIEN TIONE HOND, COME 200 A			ADDRESS - ZIP	1000039126916 -03/27/0101083023 ****150.00 ****150.00						
TITLE NAME STREET ADDRESS	VD Sharif, Steve 101 Round Hill Drive	☐ Delete		ADDRESS	V			<del>▗▗▗▗▗▗</del> ▗	<b>⊠</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS	ROCKAWAY NJ 07866 V BONGIORNO, JAMES 101 ROUND HILL DRIVE	☐ Delete		ADDRESS					☐ Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	V VIGIL, JUAN 6901 TPC BLVD., SUITE 650 ORLANDO FL 32822	<b>K</b> ] Delete	TITLE NAME STREET A	ADDRESS - ZIP	4825 1	Rive	Dickson er Parkway	Λr	☐ Change	₹ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS	Duluti 	h, C	A 30096	7 (	Chala	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 druglee 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.											
SIGNAT	URE: AND SULL AND TYPED OR PR	NTED NAME OF SIGNING OFFICER O	PH DIRECTOR		3/2	0/0	Date Date	903 <del>-988-(</del> <del>- Attn: - J</del> o - <del>Ceneral (</del>	e, An Ylit	alo	