2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000073078 DOCUMENT

1. Entity Name

RADIAN TECHNOLOGIES CORPORATION



FILED May 14, 2003 8:00 an Secretary of State 05-14-2003 90143 035 ***150.00

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City & State City & State City & State Country Zip Country Zip Country S. Cereficate of Status Desired \$8.7. Fee File Registered Agent Name TAGES, FERNANDO 10380 NW 15 ST CORAL SPRINGS FL 33071 City City City City City Street Address (P.O. Box Number is Not Acceptable) City FL Zi 8. The above named entity submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-51-ZP CITY ST-ZP TITLE NAME STREET ADDRESS CITY-51-ZP TITLE NAME			_		j		
Suite, Apt. #, acc Suite, Apt. #, etc. CHECK HERE IF MAKING CHAN City & State Cliy & State 4. FEI Number 65-0777488 Zip Country Zip Country 5. Certificate of Status Desired 58.7 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAGES, FERNANDO Street Address (P.O. Box Number is Not Acceptable) TAGES, FERNANDO Street Address (P.O. Box Number is Not Acceptable) City FL Zi Ci	10380 NW 15 CORAL SPRIN	STREET	10380 NW 15 STREET CORAL SPRINGS FL 33071				
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E. 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 the obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or printed rame of registered agent and 15to if applicable. (NOTE Registered Agent signature required when rentating) P. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. Delete TITLE NAME STREET ADDRESS FERNANDO, TAGES 1017- ST-ZIP TITLE OPERANDO, TAGES 10380 NW 15 ST CORAL SPRINGS FL 33071 TITLE OPERANDORSS CITY-ST-ZIP CITY-ST	10380 NW 15 ST						
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 familia the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstainty) DATE	CURAL SE	HINGS FL 330/1		City		Zip Code	
Signature. hyped or printed name of regulaterod eginat and tible if applicable (NOTE: Registered Agent signature resoulted when reintating) STEEL NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	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						
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12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: