

06-11-2002 90400/026 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

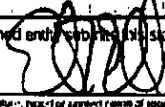
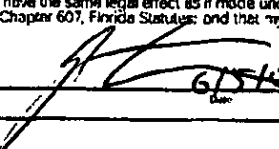
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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000101027			
1. Entity Name Radlant Telecom, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1020 NW 163 Dr		3. Mailing Address 1720 Windward Concourse	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 250	
City & State Miami FL	City & State Alpharetta GA	4. FEI Number 65-1072134	
Zip 33169	Country USA	Zip 30005	Country USA
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
7. Name and Address of Current Registered Agent			
Name TCS Corporate Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 1406 Hays Street Suite #2			
City Tallahassee FL Zip Code 32301			
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.			
SIGNATURE  ERNEST L. ELLIS VICE PRESIDENT 6/4/02 Signature of person named as registered agent and if a corporation, NOTE: Registered Agent signature is required when filing a change.			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Guvan Kivilcim 1020 NW 163 Dr Miami FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Gokhan Varol 1020 NW 163 Dr Miami FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Engin Yeall 1020 NW 163 Dr Miami FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Korhan Aydin 1020 NW 163 Dr Miami FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vedat Kalkuz 1020 NW 163 Dr Miami FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gokhan Matthew Inan 1020 NW 163 Dr Miami FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  6/5/02 (205) 914.3434 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/01)

7/8/02