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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101027

1. Entity Name
Radiant Telecom, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1020 NW 163 Dr	1720 Windward Concourse
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 250
City & State: Miami FL	City & State: Alpharetta GA
Zip: 33169 Country: USA	Zip: 30005 Country: USA

4. FEI Number: 65-1072134 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, type or print name of registered agent and title if applicable — (NOTE: Registered Agent signature required when changing) — DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

James [illegible] Fealy [illegible]
[illegible] Chief [illegible]

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

11. OFFICERS AND DIRECTORS

TITLE	P/D		TITLE		
NAME	Guven Kivilcim		NAME		
STREET ADDRESS	1020 NW 163 Dr		STREET ADDRESS		
CITY-ST-ZIP	Miami	FL 33169	CITY-ST-ZIP		
TITLE	S/D		TITLE		
NAME	Gokhan Varol		NAME		
STREET ADDRESS	1020 NW 163 Dr		STREET ADDRESS		
CITY-ST-ZIP	Miami	FL 33169	CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	Engin Yesil		NAME		
STREET ADDRESS	1020 NW 163 Dr		STREET ADDRESS		
CITY-ST-ZIP	Miami	FL 33169	CITY-ST-ZIP	DO NOT WRITE	
TITLE	CEO/D		TITLE		
NAME	Korhan Aydin		NAME	IN THIS SPACE	
STREET ADDRESS	1020 NW 163 Dr		STREET ADDRESS		
CITY-ST-ZIP	Miami	FL 33169	CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	Vedat Kalkuz		NAME		
STREET ADDRESS	1020 NW 163 Dr		STREET ADDRESS		
CITY-ST-ZIP	Miami	FL 33169	CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	Gokhan Matthew Inan		NAME		
STREET ADDRESS	1020 NW 163 Dr		STREET ADDRESS		
CITY-ST-ZIP	Miami	FL 33169	CITY-ST-ZIP		

CR2E034B (12/01)

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 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 (305) 914.3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/8/02