

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A26209

**A26209**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. Entity Name  
Panama City Cellular Telephone Company, Ltd.

00 JUN -5 AM 8:42

Principal Place of Business  
Park 80 West  
Plaza II  
Saddle Brook, NJ 07663

Mailing Address  
Park 80 West  
Plaza II  
Saddle Brook, NJ 07663

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number  
59-2881586

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
~~Patrick K. Meehan~~  
c/o Holland & Knight LLP  
400 N. Ashley Drive, Suite 2300  
Tampa, FL 33602

7. Name and Address of New Registered Agent  
Name CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Rd.  
City Plantation FL Zip Code 33324

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 *Barbara A. Burke* **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY DATE 5-19-00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$5,719,596.00

10. Amount of Capital Contributions in FLORIDA to date. \$5,719,596.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

|                |                                  |
|----------------|----------------------------------|
| DOCUMENT #     | K10002                           |
| NAME           | Panama City Communications, Inc. |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| DOCUMENT #     |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| DOCUMENT #     |                                  |
| NAME           | AR - 437.50                      |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| DOCUMENT #     |                                  |
| NAME           | AR SUPP 88.75                    |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| DOCUMENT #     |                                  |
| NAME           | ADM 400.00                       |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| DOCUMENT #     |                                  |
| NAME           | (LATE FEE) 926.25                |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |

13. ADDRESS CHANGES ONLY

|                |  |
|----------------|--|
| STREET ADDRESS | Park 80 West, Plaza II                       |
| CITY-ST-ZIP    | Saddle Brook, NJ 07663                       |
| STREET ADDRESS | 200003284462-1                               |
| CITY-ST-ZIP    | -05/12/00--01027--027<br>***550.00 ***550.00 |
| STREET ADDRESS | 200003284462-1                               |
| CITY-ST-ZIP    | -06/12/00--01027--028<br>***376.25 ***376.25 |
| STREET ADDRESS | BK   |
| CITY-ST-ZIP    |  |
| STREET ADDRESS | 45100  |
| CITY-ST-ZIP    |  |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Michael Wasserman* Michael Wasserman 5/11/00 201-226-4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #