

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90176 004 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F95000001002**

1. Corporation Name  
**WINSTAR WIRELESS OF FLORIDA, INC.**



Principal Place of Business Mailing Address  
 1577 SPRINGHILL RD 1577 SPRINGHILL RD  
 6TH FL 6TH FLOOR  
 VIENNA VA 22182 VIENNA VA 22182  
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**03/01/1995**  
 4. FEI Number Applied For  
**13-3903568** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**HIQ CORPORATE SERVICES, INC.**  
**526 EAST PARK AVENUE STE 200**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MCZEMON, STEVE	
STREET ADDRESS	1577 SPRINGHILL RD, 6TH FLOOR	
CITY-ST-ZIP	NIENNA VA 22182	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BERGER, ROBERT	
STREET ADDRESS	1146 19TH ST NW, #200	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIMOTHY GRAHAM	
STREET ADDRESS	230 PARK AVENUE, #2700	
CITY-ST-ZIP	NY NY 10169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DWYER, JOSEPH	
STREET ADDRESS	230 PARK AVENUE, #2700	
CITY-ST-ZIP	NEW YORK NY 10169	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARZ, KENNETH	
STREET ADDRESS	1577 SPRINGHILL RD, 6TH FLOOR	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZINGHINI, KENNETH	
STREET ADDRESS	230 PARK AVENUE, #2700	
CITY-ST-ZIP	NEW YORK NY 10169	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCLEARNON, Steve	
1.3 STREET ADDRESS	1577 Spring Hill Rd	
1.4 CITY-ST-ZIP	VIENNA, VA 22182	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MOORE, DANIEL	
2.3 STREET ADDRESS	230 PARK AVENUE #2700	
2.4 CITY-ST-ZIP	NEW YORK, NY 10169	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RUBIN, FREDERICK	
5.3 STREET ADDRESS	230 Park Avenue #2700	
5.4 CITY-ST-ZIP	NEW YORK, NY 10169	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: 4/21/99 Daytime Phone #: 703/645-6025

CR2E034 (1/198)