

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001002

1. Entity Name

WINSTAR WIRELESS OF FLORIDA, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90102 040 ***150.00

Principal Place of Business 1577 SPRINGHILL RD 6TH FL VIENNA VA 22182 US	Mailing Address 1577 SPRINGHILL RD 6TH FLOOR VIENNA VA 22182-2223 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number **13-3903568** Applied For
 Not Applicable

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

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE: AS NAME: MCLERMON, STEVE STREET ADDRESS: 1577 SPRINGHILL RD, 6TH FLOOR CITY-ST-ZIP: NIENNA VA 22182	<input type="checkbox"/> Delete
TITLE: VP NAME: MOORE, DANIEL STREET ADDRESS: 230 PARK AVE #2700 CITY-ST-ZIP: NEW YORK NY 10169	<input type="checkbox"/> Delete
TITLE: D NAME: TIMOTHY GRAHAM STREET ADDRESS: 230 PARK AVENUE, #2700 CITY-ST-ZIP: NY NY 10169	<input type="checkbox"/> Delete
TITLE: D NAME: DWYER, JOSEPH STREET ADDRESS: 230 PARK AVENUE, #2700 CITY-ST-ZIP: NEW YORK NY 10169	<input type="checkbox"/> Delete
TITLE: T NAME: RUBIN, FREDERICK STREET ADDRESS: 230 PARK AVE #2700 CITY-ST-ZIP: NEW YORK NY 10169	<input type="checkbox"/> Delete
TITLE: S NAME: ZINGHINI, KENNETH STREET ADDRESS: 230 PARK AVENUE, #2700 CITY-ST-ZIP: NEW YORK NY 10169	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature: MCLERMON DATE: 4/24/00 DAYTIME PHONE #: 703/445-6025

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