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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700000584

1. Corporation Name

METAWAVE COMMUNICATIONS CORPORATION

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90124 046 ***150.00



| | Barillon Address | | | MATAN MINER IMINE SYNC INST |
|--|------------------------------------|------------------|--|-----------------------------|
| Principal Place of Business | Mailing Address | | | |
| 8700 148TH AVE. NE REDMOND WA 98052 REDMOND WA 98052 | | | | |
| REDMOND WA 98052 REDMOND WA 98052 | | | DO NOT WRITE IN THIS SPACE | |
| | | | 3. Date Incorporated or Qualifed 02/04/1997 | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 10735 Willows Road NE | 26 (Same) | | 91-1673152 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5 Certificate of Status Desired □ | 8.75 Additional |
| 22 PO BOX 97069 | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Regimend, WA | 28 | | Trust Fund Contribution | Added to Fees |
| Zi <u>o</u> Country | Zip C | Country | 8. This corporation owes the current year Intangi | ble |
| 24 99073-4769 25 USA | 2930 | | 1 dischart topolity van: | Yes 🗖 No |
| 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered Age | nt |
| | | 81 Name | | |
| C T CORPORATION SYSTEM | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) | |
| 1200 SOUTH PINE ISLAND ROAD | | 0.000 | | |
| PLANTATION FL 33324 | | 83 | | |
| | | 84 City | FL 8 | 5 Zip Code |
| | | <u> </u> | | naina ito registered |
| Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation. | Florida, Such change was authorize | zed by the como | corporation submits this statement for the purpose of cha ration's board of directors. I hereby accept the appointment. | ent as registered |
| SIGNATURE | | | quired when reinstation) DATE | |
| Signature, typed or printed name of registered agent a | | | quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D | IDECTORS IN 12 |
| 12. OFFICERS AND | | 13. 1 TITLE | | Change , Addition |
| TITLE DP | | | PP. | |
| NAME HUNSBERGER, BOB | 1 | 2 NAME | BOB Huns Beegen | .0 |
| STREET ADDRESS 8700 148TH AVENE | | 3 STREET ADORESS | 10335 Willows Road NE, PO BO | 47069 |
| CITY-ST-ZIP REDMOND WA 98052 | | 4 CITY-ST-ZIP | Redmond, WH 93073-9769 | Change |
| TITLE C | _ | 1 TITLE | | Citaligo / Iddison |
| NAME REUDINK, DOUGLAS | ■ | 2 NAME | Douglas Revoluk | W (2001-0 |
| STREET ADDRESS 8700 148TH AVE. NE | 2 | 3 STREET ADDRESS | 10735 Willows Rept NE, PO BO | x 47064 |
| CITY-ST-ZIP REDMOND WA 98052 | | 4 CITY-ST-ZIP | <u>REDMOND, WM 93073-9769</u> | Channe Addition |
| TITLE D | DELETE 3. | 1 TITLE | <u> </u> | Change 🔀 Addition |
| NAME HATHAWAY, DAVID | | 2 NAME | LARRY CYLVER | |
| STREET ADDRESS 30 ROCKEFELLER PLAZA, ROOF | d 5508 · | 3 STREET ADDRESS | 10735 Willows Road NE, POF | |
| CITY-ST-ZIP NEW YORK NY 10112 | | 4. CITY-ST-ZIP | Redmond, WH 07073-97 | |
| TITLE D | DELETE 4. | 1 TITLE | | Change |
| NAME GILL-ROBERTS, JENNIFER | 4. | 2 NAME | | |
| STREET ADDRESS 550 LYTTON AVE., STE. 200 | 4. | 3 STREET ADDRESS | | |
| CITY-ST-ZIP PALO ALTO CA 94301 | 4. | 4 CITY-ST-ZIP | | |
| TITLE D | DELETE 5. | 1TITLE | | Change |
| NAME CARANO, BANDEL | 5. | 2 NAME | | , |
| STREET ADDRESS 525 UNIVERSITY AVE., STE. 130 | n 5. | 3 STREET ADDRESS | | |
| CITY-ST-ZIP PALO ALTO CA 94301 | · · | | | |
| | 5. | .4 CITY-ST-ZIP | | |
| TITLE T | 5. | 4 CITY-ST-ZIP | | Change |
| 1 - | 5. DELETE 6. | | | Change Addition |
| NAME TO MURRAY, PEARL STREET ADDRESS 8700 148TH AVE. NE | 5. DELETE 6. | 1 TITLE | | Change Addition |

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: