

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000008795

FILED
Nov 29, 2004
Secretary of State

Entity Name: ACME WIRELESS COMPANY

Current Principal Place of Business:

4540 US 1 NORTH
SUITE 2
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

201 ARRICOLA AVENUE
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

4540 US HIGHWAY 1 NORTH
SUITE 3
ST. AUGUSTINE, FL 32095 US

New Mailing Address:

4540 US HIGHWAY 1 NORTH
SUITE 3
ST. AUGUSTINE, FL 32095 US

FEI Number: 57-1146256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUFF, ANGELIQUE C
201 ARRICOLA AVENUE
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

HUFF, ANGELIQUE C
365 LOLLY LANE
JACKSONVILLE, FL 32259 US

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: ANGELIQUE C HUFF 11/29/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUFF, ANGELIQUE C
Address: 4540 US 1 NORTH
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: VP () Delete
Name: WELLS, KIMBERLY A
Address: 4540 US 1 NORTH
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUFF, ANGELIQUE C
Address: 365 LOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP (X) Change () Addition
Name: WELLS, KIMBERLY A
Address: 365 LOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELIQUE C HUFF P 11/29/2004

Electronic Signature of Signing Officer or Director Date