

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M00000000896

FILED
Jan 15, 2003
Secretary of State

Entity Name: VOICESTREAM GSM II, LLC

Current Principal Place of Business:

12920 S.E. 38TH ST.
BELLEVUE, WA 98006

New Principal Place of Business:

Current Mailing Address:

12920 S.E. 38TH ST.
BELLEVUE, WA 98006

New Mailing Address:

FEI Number: 94-3332907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VOICESTREAM GSM II H, OLDINGS, LLC
Address: 12920 S.E. 38TH ST.
City-St-Zip: BELLEVUE, WA 98006

Title: MGRM () Delete
Name: VOICESTREAM WIRELESS, CORPORATION
Address: 12920 S.E. 38TH ST.
City-St-Zip: BELLEVUE, WA 98006

Title: MGR () Delete
Name: BENDER, ALAN R
Address: 12920 SE 38TH ST
City-St-Zip: BELLEVUE, WA

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: T-MOBILE USA, INC.,
Address: 12920 S.E. 38TH ST.
City-St-Zip: BELLEVUE, WA 98006

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALAN R. BENDER

MGR

01/15/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date