06/15/1999 14:59 305-892-0822 JOEL BERNSTEI

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06-25-1999 90001 010 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # 408202

1 Corporation Name

AREAWIDE CELLULAR, INC.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/6/72

2. Principal Place of Business	2a. Mailing Address
21 1040 S. Milwaukee Avenue	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Wheeling, IL	28 City & State
24 60090 25 USA	29 Zip 30 Country

4. FEI Number: 65-0183747 ☐ Applied For ☐ 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	10. Name and Address of New Registered Agent
Joel Bernstein 11900 Biscayne Blvd. Suite 604 Miami, FL 33181	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE ST Toner, Eamon	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition V Alan Hudack 1040 S. Milwaukee Avenue Wheeling, IL 60090
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE ST Barbakow, Maurice	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition T Steve Zebel 1040 S. Milwaukee Avenue Wheeling, IL 60090
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE V Hillcoat, Henry	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition S Daryl Jacobs 1040 S. Milwaukee Avenue Wheeling, IL 60090
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE V Barbakow, Gerber Hope	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition D Donald B. Begahler 805 3rd Avenue New York, NY 10022
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition D David Tyrie 1040 S. Milwaukee Avenue Wheeling, IL 60090
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☒ Addition D Nancy Ryan 1040 S. Milwaukee Avenue Wheeling, IL 60090

CR2E034 (11/98)

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: David Tyrie June 18, 1999 847 403 7921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #