

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State
 01-21-2000 90074 023 ***158.75

DOCUMENT # 612606

1. Entity Name

MICROCELL COMMUNICATIONS OF AMERICA, INC.

Principal Place of Business

**263 WOODLAKE LANE
 DEERFIELD BEACH FL 33442**

Mailing Address

**263 WOODLAKE LANE
 DEERFIELD BEACH FL 33442-3729**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1918653

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAKSLEY, HAROLD E.
 263 WOODLAKE LANE
 DEERFIELD BEACH FL 33442**

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
 (See criteria on back)



**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

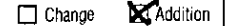
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PDST
 BLAKSLEY, HAROLD E.
 263 WOODLAKE LANE
 DEERFIELD BEACH FL 33442**



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PRESIDENT / ST
 KELLY S. STODDARD
 825 PRACHTREE BATTLE AVE. N.W
 ATLANTA, GA. 30327**



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DIRECTOR
 HAROLD E. BLAKSLEY
 263 WOODLAKE LANE
 DEERFIELD BEACH FL. 33442**



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
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 CITY-ST-ZIP



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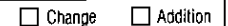
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harold E. Blaksley (HAROLD E. BLAKSLEY) 01/09/00 954-418-9734

CR2E034 (9/99)