-2000 UN!FORM BUSINESS REPORT (UBR) **DOCUMENT#** A26209 SECRETARY OF STATE DIMESTORS 1. Entity Name Panama City Cellular Telephone Company, Ltd. 00 JUN -5 AM 8: 42 Principal Place of Business Mailing Address Park 80 West Park 80 West Plaza II Plaza II Saddle Brook, NJ 07663 Saddle Brook, NJ 07663 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable 59-2881586 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT Corporation System -Patrick-K-Meehan- ---Street Address (P.O. Box Number is Not Acceptable) c/o Holland & Knight LLP 400 N. Ashley Drive, Suite 2300 1200 S. Pine Island Rd. Tampa, FL 33602 Zip Code 33324 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 BABARA A. BURKE SPECIAL ASSISTANT SECRETARY (NOTE: Registered Agent signature required when reinstalling) ature, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$5,719,596.00 in FLORIDA to date. \$5,719,596.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNED INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS Panama City Communications, Inc. NAME Park 80 West, Plaza II STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Saddle Brook, NJ 07663 DOCUMENT # STREET ADDRESS <u>200003284462- -- 1</u> -06/12/00--01027--027 NAME STREET ADDRESS CITY-ST-ZIP ****550.00 ****550.00 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME_ 200803284462---1* -06/12/00--01027--028 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****376.25 ****376.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Mcchoel Wasserman 3117 hour SIGNATURE:

Davtime Phone #