

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN 12 PM 3:21

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

B96000000235

1. Name of Limited Partnership

1a. DOCUMENT #
B96000000235

**NATIONAL WIRELESS INFRASTRUCTURE, LIMITED PARTNE
RSHIP**

Mailing Address
1801 N. GLENVILLE DRIVE, SUITE 100
RICHARDSON TX 75081

Principal Office Address
9 EAST LOOKERMAN STREET
DOVER DE 19901

2. Mailing Address
3450 Buschwood Park Dr.
Suite, Apt. #, etc.
Suite 250
City & State
Tampa, FL
Zip
33618

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip
Country

3. Date Formed or Registered
06/25/1996

3a. Date of Last Report
01/07/1997

4. State or Country of Formation
DE

5a. Capital Contributions as Shown on record.
\$1,600,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number
APPLIED FOR 75-2650210 ☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)
100002560721--B

Suite, Apt. #, etc.
-06/16/98--01055--010

City
***1026.25 ***1026.25
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
UNISITE ALPHA, INC.	1601 N. GLENVILLE DR 3450 Buschwood Park Dr., Suite 250	RICHARDSON TX 75081 Tampa, FL 33618	F96000002540

STATEMENT

[Signature]

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **June 6, 1998**

813-915-2549

CR2E003 (12/97)