


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000001954

1. Entity Name
AIRSPAN NETWORKS INC.



Principal Place of Business Mailing Address

777 YAMATO ROAD **777 YAMATO ROAD**
SUITE 310 **SUITE 310**
BOCA RATON, FL 33341 US **BOCA RATON, FL 33341 US**



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2743995 Applied For
 Not Applicable

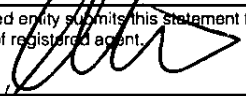
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET, SUITE 200
MIAMI BEACH, FL 33139

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000886472
 04/18/08-80058-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUSEBY, THOMAS S
STREET ADDRESS	719 SECOND AVENUE SUITE 1405
CITY-ST-ZIP	SEATTLE, WA 98104
TITLE	PCEO
NAME	STONESTROM, ERIC
STREET ADDRESS	777 YAMATO ROAD, SUITE 105
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CD
NAME	DESCH, MATTHEW
STREET ADDRESS	777 YAMATO ROAD, SUITE 105
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	HEREDIA, GUILLERMO
STREET ADDRESS	TENNYSON 29 701 POLANCO
CITY-ST-ZIP	MEXICO, DF 11560
TITLE	CFO
NAME	BRANT, DAVID
STREET ADDRESS	777 YAMATO RD STE 310
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	BINGIN, JULIANNE
STREET ADDRESS	777 YAMATO RD STE 310
CITY-ST-ZIP	BOCA RATON, FL 33431

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: **4/2/08** Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR