

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002677

1. Entity Name  
ELISKA WIRELESS VENTURES I, INC.

Principal Place of Business  
28187 BURKART DRIVE  
ORANGE BEACH AL 36561

Mailing Address  
1233 O G SKINNER DR  
C/O KEN MILES  
WEST POINT GA 31833

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 52-2240453

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number) 200002165308--3  
-10/03/02--01001--015

\*\*\*\*550.00 \*\*\*\*550.00

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 PCD  
NAME HAYLES, JAMES O JR  
STREET ADDRESS 28187 BURKART DRIVE  
CITY-ST-ZIP ORANGE BEACH AL 36561 ☒ Delete

TITLE President & C.O.O.  
NAME Robert P. Dotson  
STREET ADDRESS 12920 S.E. 38th street  
CITY-ST-ZIP Bellevue, WA 98006 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE EVP  
NAME Cregg B. Baumbaugh  
STREET ADDRESS 12920 S.E. 38th st.  
CITY-ST-ZIP Bellevue, WA 98006 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE EVP & CFO  
NAME Brian Kirkpatrick  
STREET ADDRESS 12920 S.E. 38th st.  
CITY-ST-ZIP Bellevue, WA 98006 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE E.V.P. & Secretary  
NAME Alan Bender  
STREET ADDRESS 12920 S.E. 38th street.  
CITY-ST-ZIP Bellevue, WA 98006 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Sr. V.P., General Counsel, Asst Secretary  
NAME David A. Miller  
STREET ADDRESS 12920 S.E. 38th st.  
CITY-ST-ZIP Bellevue, WA 98006 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Assistant Secretary  
NAME Lee A. Tostevin  
STREET ADDRESS 12920 S.E. 38th st.  
CITY-ST-ZIP Bellevue, WA 98006 ☐ Change ☒ Addition

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: *Lee A. Tostevin* 9/18/2002 425-378-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary Date Daytime Phone #

APPROVED  
AND  
FILED

02 SEP 23 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0139621 AB

CR2E034 (4/02)



ACCOUNT NO. : 072100000032

REFERENCE : 753771

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE :

ORDER TIME : 11:25 AM

ORDER NO. : 753771

CUSTOMER NO:

CUSTOMER:

RECEIVED  
02 SEP 23 PM 12:56  
DEPARTMENT OF STATE  
DIVISION OF CONSULAR AFFAIRS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: ELISKA WIRELESS VENTURES I,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: \_\_\_\_\_