2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # F00000003910 1. Entity Name 05-06-2002 90150 039 ***150 00 WESTWAVE COMMUNICATIONS, INC. Principal Place of Business Mailing Address 463 AVIATION BLVD. 463 AVIATION BLVD. SANTA ROSA CA 95403 SANTA ROSA CA 95403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 68-0416542 Not Applicable Zip Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition Prabhu, Krish NAME EHRETH, DAVID NAME 463 Aviation Blvd. STREET ADDRESS STREET ADDRESS 463 AVIATION BLVD. Santa Rosa CA 95403 CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA CA 95403 ☐ Change Addition Delete TITLE TITLE D'Alessio, Fred 463 Aviation Blud. NAME NAME BAILEY, ART STREET ADDRESS STREET ADDRESS 463 AVIATION BLVD. CITY-ST-ZIP CITY-ST-ZIP Santa Rosa, CA 95403 SANTA ROSA CA 95403 Addition ☐ Delete TITLE Change NAME James P. Tuthill NAME MORGENTHALER, GARY 463 Aviation Blud. STREET ADDRESS 463 AVIATION BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA CA 95403 Santa Rosa, CA 95403 Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME KENDRICK, JOHN STREET ADDRESS STREET ADDRESS 463 AVIATION BLVD. CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA CA 95403 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME ROBERTS, JENNIFER GILL NAME STREET ADDRESS STREET ADDRESS 463 AVIATION BLVD. CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA CA 95403 TITLE Delete TITLE ☐ Change ☐ Addition NAME MONTRY, GERALD NAME STREET ADDRESS STREET ADDRESS 463 AVIATION BLVD

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.

CITY-ST-ZIP

SIGNATURE:

SANTA ROSA CA 95403

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

707-591-9378

FILED