2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # F01000000965 1. Entity Name 04-26-2004 91000 031 ***150 00 METROPCS CALIFORNIA/FLORIDA, INC. Principal Place of Business Mailing Address 8144 WALNUT HILL LANE, SUITE 800 DALLAS TX 75231 8144 WALNUT HILL LANE, SUITE 800 **DALLAS TX 75231** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 75-2695067 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAPITOL COPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVAL STREET TALLAHASSEE FL 32303 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. 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PCD Addition TITLE ☐ Defete TITLE Chance NAME LINQUIST, ROGER D NAME 8144 WALNUT HILL LANE, SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-7IP DALLAS TX 75231 CITY-ST-ZIP VPSD ☐ Change TITLE ☐ Delete TITLE Addition SPICKLER, DENNIS NAME NAME 8144 WALNUT HILL LANE, SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS TX 75231 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARTER, J BRAXTON NAME NAME STREET ADDRESS 8144 WALNUT HILL LANE, SUITE 800 STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP DALLAS TX 75231 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Dennis Gr. Soickler

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