## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## F01000000965 DOCUMENT #

1. Entity Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

METROPCS CALIFORNIA/FLORIDA, INC.



Principal Place of Business Mailing Address 8144 WALNUT HILL LANE, SUITE 800 8144 WALNUT HILL LANE. SUITE 800 DALLAS TX 75231 DALLAS TX 75231

3. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90044 016 \*\*\*150.00

	☐ CHECK HERE IF MAKII	NG CHA	NGES	
4.	75-2695067		Applied For	
			Not Applicable	
5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
7.	Name and Address of New Registere	d Agent		

DATE

CAPITOL COPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVAL STREET TALLAHASSEE FL 32303 City

8. The above named entity submits this statement for the purpose of changing its regis	ered office or registered agent, or both, in the State of Flo	ida. I am familiar with, and accept
the obligations of registered agent.		

Country

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change PCD Delete TITLE NAME LINQUIST, ROGER D NAME STREET ADDRESS STREET ADDRESS 8144 WALNUT HILL LANE, SUITE 800 CITY-ST-ZIP CITY-ST-ZIP Dallas TX 75231 TITLE ☐ Delete TITLE ☐ Change ☐ Addition **VPSD** NAME SPICKLER, DENNIS NAME STREET ADDRESS STREET ADDRESS 8144 WALNUT HILL LANE, SUITE 800 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75231 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME CARTER, J BRAXTON STREET ADDRESS STREET ADDRESS 8144 WALNUT HILL LANE, SUITE 800 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75231 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME 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 Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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.

SIGNATURE:

QUIFDENNIS G. Spickler 4/18/03

NING OFFICER OR DIRECTOR