


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90480 025 ***150.00

DOCUMENT # F03000002613		
1. Entity Name NEXTWAVE WIRELESS INC.		

Principal Place of Business 11500 S EASTERN AVE. 150 HENDERSON, NV 89052	Mailing Address 11500 S EASTERN AVE. #150 HENDERSON, NV 89052
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 150	
City & State		City & State	
Zip	Country	Zip	Country



04212005 Chg-P CR2E034 (10/03)

4. FEI Number 33-0717550	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75-Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name Street Address (P.O. Box Number is Not Acceptable) 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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALMASI, ALLEN B			NAME			
STREET ADDRESS	411 WEST PUTNAM AVENUE, 2ND FLOOR			STREET ADDRESS			
CITY-ST-ZIP	GREENWICH, CT 06830			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINN, KEVIN M			NAME			
STREET ADDRESS	11500 S. EASTERN AVENUE			STREET ADDRESS			
CITY-ST-ZIP	HENDERSON, NV 89052			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBSTER, WILLIAM H			NAME			
STREET ADDRESS	1825 EYE STREET, N.W., SUITE 1100			STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20006			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUCKETT, ALLAN E			NAME			
STREET ADDRESS	411 WEST PUTNAM AVENUE, 2ND FLOOR			STREET ADDRESS			
CITY-ST-ZIP	GREENWICH, CT 06830			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASSOU, FRANK A			NAME			
STREET ADDRESS	411 WEST PUTNAM AVENUE, 2ND FLOOR			STREET ADDRESS			
CITY-ST-ZIP	GREENWICH, CT 06830			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERGER, ROY D			NAME			
STREET ADDRESS	411 WEST PUTNAM AVENUE, 2ND FLOOR			STREET ADDRESS			
CITY-ST-ZIP	GREENWICH, CT 06830			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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-21-05 Daytime Phone #: 702-952-0352