

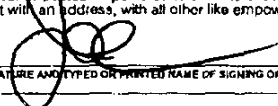


FILED  
Apr 30, 2007 8:00 am  
Secretary of State

04-30-2007 90414 043 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # F94000000304			
1. Entity Name AIRNET COMMUNICATIONS CORPORATION			
Principal Place of Business 3950 DOW RD MELBOURNE, FL 32934 US		Mailing Address ATTN: CONTROLLER 3950 DOW ROAD MELBOURNE, FL 32934	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04242007		Chg-P CR2E034 (12/06)	
4. FEI Number 59-3218138		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 IGOE, JOHN G 250 ROYAL PALM WAY SUITE 300 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name: David E. Peterson Street Address (P.O. Box Number is Not Acceptable): 450 S. Orange Avenue, Suite 250 Orlando Florida FL 32801	
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, the registered agent. SIGNATURE:  David E. Peterson DATE: 4/27/07 <small>(NOTE: Registered Agent signature required when nonstarting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY- ST- ZIP	D HATTORI, GERALD 3950 DOW ROAD MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	CTO TERRY WILLIAMS 3950 DOW RD MELBOURNE, FL 32934 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GLENN, EHLEY A 3950 DOW RD MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P JAY SALKINI TECORE INC. 7061 COLUMBIA GATEWAY DR. COLUMBIA, MD 21026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C CALHOUN, GEORGE 3950 DOW RD. MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MAYNARD, DARRELL L 3950 DOW RD MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VT GERRITY, JOSEPH F 3950 DOW RD MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WHITE, RONALD 3950 DOW RD MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: Day/Date/Phone #			