2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# F94000001893

Entity Name: WIRELESS BROADCASTING SYSTEMS OF WEST PALM, INC.

Current Principal Place of Business:

6500 SPRINT PARKWAY
MS: HL-5ASTX
OVERLAND PARK, KS 66251

New Principal Place of Business:

Current Mailing Address:

6500 SPRINT PARKWAY
MS: HL-5ASTX
OVERLAND PARK, KS 66251

New Mailing Address:

FEI Number: 36-3942569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DAS	( ) Delete
Name:	HYDE, MICHAEL T	
Address:	6200 SPRINT PKWY	
City-St-Zip:	OVERLAND PARK, KS 66251	
Title:	DVP	( ) Delete
Name:	TOUSSAINT, CLAUDIA S	
Address:	6200 SPRINT PKWY	
City-St-Zip:	OVERLAND PARK, KS 66251	
Title:	DS	( ) Delete
Name:	OZENBERGER, LAURA L	
Address:	6200 SPRINT PKWY	
City-St-Zip:	OVERLAND PARK, KS 66251	
Title:	P	( ) Delete
Name:	LAUER, LEN J	
Address:	6200 SPRINT PKWY	
City-St-Zip:	OVERLAND PARK, KS 66251	
Title:	VPT	( ) Delete
Name:	BETTS, GENE M	
Address:	6200 SPRINT PKWY	
City-St-Zip:	OVERLAND PARK, KS 66251	
Title:	AVP	( ) Delete
Name:	BESHEARS, MARK V	
Address:	6500 SPRINT PARKWAY	
City-St-Zip:	OVERLAND PARK, KS 66251	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	HARING, D BRETT	
Address:	6200 SPRINT PKWY	
City-St-Zip:	OVERLAND PARK, KS 66251	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK V. BESHEARS AVP 04/14/2004
Electronic Signature of Signing Officer or Director — Date