2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001895

FILED Jan 27, 2005 Secretary of State

Entity Name: WIRELESS BROADCASTING SYSTEMS OF MELBOURNE, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	INT PARKWAY ND PARK, KS 66251	US			
urrent N	lailing Address:		New Mailing Addres	ss:	
	INT PARKWAY				
5AST) /ERLAN	X ID PARK, KS 66251	US			
Number	: 36-3942572 FEI N	lumber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
me and	d Address of Current	Registered Agent:	Name and Address	of New Registered Agent:	
01 HAY	ATION SERVICE COM S STREET SSEE, FL 323012525				
	e named entity submits e of Florida.	s this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
GNATU					
	Electronic Sign	ature of Registered Age	ent	Date	
ction Ca	mpaign Financing Trust I	Fund Contribution ().			
FICER	S AND DIRECTORS:		ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
e: me: dress:	D/S () Delete HARING, D. BRETT 6200 SPRINT PKWY		Title: Name: Address:	() Change () Addition	
	OVERLAND PARK, KS	66251	City-St-Zip:		
y-St-Zip: e: ne: dress:		s	City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition	
y-St-Zip: e: me: dress: y-St-Zip: e: me: dress:	OVERLAND PARK, KS D/VP () Delete TOUSSAINT, CLAUDIA: 6200 SPRINT PKWY	S 66251	Title: Name: Address:	() Change () Addition () Change () Addition	
y-St-Zip: e: me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: dress: dress: dress:	OVERLAND PARK, KS D/VP () Delete TOUSSAINT, CLAUDIA 6200 SPRINT PKWY OVERLAND PARK, KS D () Delete HYDE, MICHAEL T 6200 SPRINT PKWY	S 66251 66205	Title: Name: Address: City-St-Zip: Title: Name: Address:		
e: me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress: y-St-Zip: dress: y-St-Zip:	OVERLAND PARK, KS D/VP () Delete TOUSSAINT, CLAUDIA 6200 SPRINT PKWY OVERLAND PARK, KS D () Delete HYDE, MICHAEL T 6200 SPRINT PKWY OVERLAND PARK, KS P () Delete LAUER, LEN J 6200 SPRINT PKWY	S 66251 66205 66251	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition	

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 01/27/2005