

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002780

1. Corporation Name

NextWave Telecom Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 6/4/96		3a. Date of Last Report First Report	
21 1013 Centre Road		26 6256 Greenwich Drive		4. FEI Number 33-0663509		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27 Suite 500		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23 Wilmington, DE		28 San Diego, CA					
Zip		Zip					
24 19805		29 92122					
Country		Country					
25 USA		30 USA					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	CEO, President & Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Allen Salmasi, NextWave Telecom Inc.
STREET ADDRESS		1.3 STREET ADDRESS	6256 Greenwich Drive, Suite 500
CITY-ST-ZIP		1.4 CITY-ST-ZIP	San Diego, CA 92122
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Executive Vice President & Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Janice Obuchowski, NextWave Telecom
STREET ADDRESS		2.3 STREET ADDRESS	6256 Greenwich Dr., Ste. 500 Inc.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	San Diego, CA 92122
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Senior Vice President & Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Kevin Finn, NextWave Telecom Inc.
STREET ADDRESS		3.3 STREET ADDRESS	6256 Greenwich Drive, Suite 500
CITY-ST-ZIP		3.4 CITY-ST-ZIP	San Diego, CA 92122
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Nicole Salmasi, NextWave Telecom Inc
STREET ADDRESS		4.3 STREET ADDRESS	6256 Greenwich Drive, Suite 500
CITY-ST-ZIP		4.4 CITY-ST-ZIP	San Diego, CA 92122
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.031, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/97

Date

619-453-2828

Daytime Phone