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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F96000004401

1. Corporation Name

## FILED May 15 1997 8:00am Secretary of State

Allen Salmasi, NextWave Telecom Inc.  STREEL ADDRESS CITY-SI-ZUP THE  MAME  DELETE  DITECTOR  DELETE  DELETE  DITECTOR  DITECT														
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2. Prompts Peace of Business 231 1013 Centre Road 25 6 Greenwich Drive 2	Display Phase Phase													
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9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name    Street Address (P.O. Box Number is Not Acceptable)	1-01	1119 00117								***************************************	<del></del>			4
Single Address of New Registered Agent   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and A		5 25	•	<del></del>	ີ່ 9 2122	— ·			1				s. 199.032,	-
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Tallahassee, FL 32301  M City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this elatement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the provision and the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both and a registered agent, or both and a registered agent. In the state of the provision's board of directors. I hereby accept the appointment as registered agent, or both and accept the appointment as registered agent, or both and a registered agent. In the state of the provisions to board of directors. I hereby accept the appointment as registered agent. In the state of the purpose of Carlon and a registered agent. In the state of the provisions to board of directors. In the state of the provisions to board of directors. In the state of the provisions as a registered agent, and the provisions are discussed when winsuang.  12.	C	orporat	ce C	ompany			Ollock	7100100	o (r.o. box Hamber is 110) Acc	opiable)				
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14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that		by certify that the	information supplie	d with this	s filing does not qualif				tated in		atutes. I further	certify that	t the	1

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; the lam 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 attrophenent with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

619-453-2828

Daytime Phone #