


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90025 047 ***150.00

DOCUMENT # F97000000425	
1. Entity Name METROPCS WIRELESS, INC.	

Principal Place of Business 8144 WALNUT HILL LANE, #800 SUITE 800 DALLAS, TX 75231	Mailing Address 8144 WALNUT HILL LANE, #800 SUITE 800 DALLAS, TX 75231
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DO NOT WRITE IN THIS SPACE

40110103



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2694973	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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINQUIST, ROGER D 8144 WALNUT HILL LANE, STE. #800 DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STACHIW, MARK STACHIW, MARK 8144 WALNUT HILL LANE, STE. #800 DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARTER, J. BRAXTON 8144 WALNUT HILL LANE, STE. 800 DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KORNEGAY, CHRISTINE B 8144 WALNUT HILL LANE STE 800 DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Christine B. Kornegay 4/24/07 (214) 265-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #