## Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91834 025 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F97000000426

1. Entity Name METROPCS, INC.



Principal Place of Business Mailing Address 8144 WALNUT HILL LANE. #600 8144 WALNUT HILL LANE. #600 DALLAS TX 75231 DALLAS TX 75231 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 75-2550006 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSDC ☐ Addition TITLE ☐ Delete TITLE LINDQUIST, ROGER D NAME NAME 8144 WALNUT HILL LANE, STE 800 STREET ADDRESS STREET ADDRESS DALLAS TX 75231 CITY-ST-ZIP CITY-ST-ZIP **VS** TİTLE Delete Addition TITLE Change SPICKLER, DENNIS G NAME NAME 8144 WALNUT HILL LANE, STE 800 STREET ADDRESS STREET ADDRESS DALLAS TX 75231 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete ☐ Change CARTER, J. BRAXTON NAME NAME STREET ADDRESS 8144 WALNUT HILL LANE, STE 800 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75231 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attachme with an address, with all other like empowered

SIGNATURE:

UIFDERNIS G. Spickler