2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am g Secretary of State DOCUMENT # F99000002848 1. Éntity Name CUMULUS WIRELESS SERVICES INC. 05-28-2002 91515 037 ***150.00 Principal Place of Business Mailing Address 3535 PIEDMONT RD 3535 PIEDMONT RD BLDG 14, 14TH FLOOR BLDG 14, 14TH FLOOR ATLANTA GA 30305 ATLANTA GA 30305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 39-1955032 Not Applicable Zip Zip 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 **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition LEWIS, DICKEY JR NAME STREET ADDRESS 3535 PIEDMONT RD STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30305 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GAUSVIK, MARTIN NAME STREET ADDRESS 3535 PIEDMONT RD STREET ADDRESS CITY-ST-2IP <u>atlanta ga 30305</u> CITY-ST-ZIP TITLE ☐ Delete TITLE *Change ☐ Addition NAME O'DONNELL, DANIEL NAME STREET ADDRESS 3535 PIEDMONT RD STREET ADDRESS CITY-ST-ZIP <u>atlanta</u> ga 30305 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME DICKEY, JOHN NAME STREET ADDRESS 3060 PEACHTREE ROAD NW, SUITE 730 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30305 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

4/23/02

☐ Addition

(9/01)

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