2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2900 NW 72ND AVE. MIAMI FL 33122

3. Mailing Address

City & State

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

DOCUMENT # L02000001514

PROFESSIONAL WIRELESS L.L.C.

1. Entity Name

2900 NW 72ND AVE.

MIAMI FL 33122

Principal Place of Business

2. Principal Place of Business

KALKAS, MARTTI "

MIAMI FL 33131

245 SE 1ST STREET SUITE 311

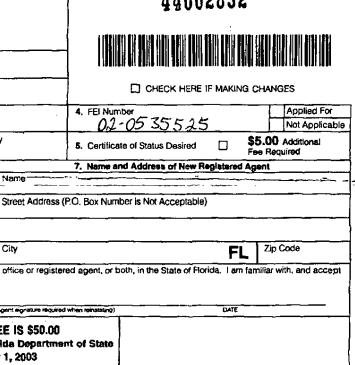
Suite, Apt. #, etc.

City & State

FILED May 29, 2003 8:00 am Secretary of State

05-02-2003 90567 028 ****50.00

4	90	02	83	2



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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignsture required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 8. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Addition TITLE Change VILLALBA, NELSON NAME STREET ADDRESS STREET ADDRESS 2900 NW 72ND AVE. CITY-ST-ZIP CITY-ST-ZP MIAMI FL 33168 MGR TILE ☐ Change ☐ Addition TITLE ☐ Delete RICARDO SOUZA, JEFERSON NAME NAME STREET ADDRESS 2900 NW 72ND AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33166** Addition | TITLE ☐ Change DILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition JIII F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTV_ST_7IP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the

Country

City

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

4/20103