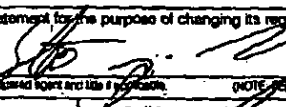
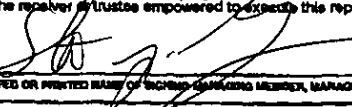


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3/2004

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 90123 005 ****50.00

DOCUMENT # L03000023594			
1. Entity Name UNITED STATES WIRELESS, LLC.			
Principal Place of Business 1730 SW 30TH AVE PEMBROKE PARK, FL 33009 US		Mailing Address 1730 SW 30TH AVE PEMBROKE PARK, FL 33009 US	
2. Principal Place of Business 2525 N. STATE RD 7 Suite, Apt. #, etc. #115		3. Mailing Address 2525 N. STATE RD 7 Suite, Apt. #, etc. #115	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33021	Country	Zip 33021	Country
4. FEI Number 20-0065225		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVY, STEVEN Z 1730 SW 30TH AVE PEMBROKE PARK, FL 33009		7. Name and Address of New Registered Agent Name LEVY STEVEN Street Address (P.O. Box Number is Not Acceptable) 2525 N. STATE RD. 7 #115 City HOLLYWOOD FL Zip Code 33021	
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 		DATE 6/1/04	
Filing Fee is \$80.00 Due by May 1, 2004		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MANAGER LEVY STEVEN 2525 N. STATE RD 7 HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. 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 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 limited liability company or the register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		6/1/04	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	