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Secretary of State

5/3/2004

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

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04000436

04282004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000023594

1. Entity Name
UNITED STATES WIRELESS, LLC.

Principal Place of Business	Mailing Address
1730 SW 30TH AVE PEMBROKE PARK, FL 33009 US	1730 SW 30TH AVE PEMBROKE PARK, FL 33009 US

2. Principal Place of Business	3. Mailing Address
2525 N. STATE RD 7	2525 N. STATE RD 7
Suite, Apt. #, etc.: #115	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	7. Name and Address of New Registered Agent
LEVY, STEVEN Z 1730 SW 30TH AVE PEMBROKE PARK, FL 33009	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: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
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 STEVE 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
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 6/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #