2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 23, 2007 08:00 All Secretary of State DOCUMENT # L90782 1. Entity Name COOPER CELLULAR MANAGEMENT CORP. Mailing Address Principal Place of Business POST OFFICE BOX 970 HIGHLANDS NC 28741 2420 HWY 64 EAST HIGHLAND NC 28741 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3033054 Not Applicable Country Zip Country Zin \$8.75 Additional 5, Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOPER, CHARLES B. Street Address (P.O. Box Number is Not Acceptable) 1886 JESSICA COURT WINTER PARK FL 32789 Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstation) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. Change Addition THE Delete HH COOPER, CHARLES B. NAME NAME U00000725536 1866 JESSICA CT STREET ADDRESS STREET ADDRESS 05/03/07-80026-016 150.00-WINTER PARK FL CITY-S1-ZIP CITY - S1 - ZIP VPST Addition mile Delete IIILE ☐ Change COOPER, WANDA D NAMI. NAME 1866 JESSICA CT STREET ADDRESS STREET ADDRESS WINTER PARK FL CHY-SI-ZIP CHY-SI-702 Addition Delete ШЕ ☐ Change THILE NÁMí NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP ☐ Change ☐ Addition HILE. ☐ Detete THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7P ☐ Change Addition THLE Delete TOTE NAME NAME STREET ADDRESS STRUET ADDRESS CITY-SI-ZIP CRY-SI-7IP Addition THLE ☐ Delete TITLE ☐ Change

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal 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 attachment with an address, with all other like empowered.

STREET ADDRESS

CITY - ST - 74P

NAME

SIGNATURE:

NAME

STREET ADDRESS

CHY-SI-7IP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07 828-526-4200 Date Dovimo Phone #