	or before May to a \$ 400.00		lmited	Liability	Com	pany will be	• -	FILED		
	D LIABILITY COI	FL	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS  98 MAR 23 PM 3: 55				
a	1998	علاا								
FILING FEE Annual Report \$100.00 + \$88.75 Corporatio \$ 188.75 Make Check Payable To: FLORIDA DEPAR						olemental Fee T OF STATE	123/23			
	and Mailing Address ted Liability Company	DOCUN	<b>IENT</b>	# L970	0000	01186				
PRE-PAID CELLULAR SERVICES, L.C. 4710 EISENHOWER BLVD., STE. E-8 TAMPA FL 33634							1a. Principal Place of Business Address 4710 EISENHOWER BLVD., STE. TAMPA FL 33634			
2. Principal Place of Business 2s. Mailin				ng Address			3. Date Organiz	ed or Qualified	3a. State	of Formation
Suite, Apt. #, etc. Suite, Ap			Suite, Apt.	ot. #, etc.			10/27/1 4. FEI Number	997	FL	<del>-</del> · · · · · · · · · · · · · · · · · · ·
			City & Can							Applied For
City & State City & S			City & Stat	State			59-34 5. Date of Last F			Not Applicable sate of Status Desired
Zip	Country	,	Zip		Count	ry	o. Date of Last 1	төрөт		tional Fee Required
	7. Name and Add	iress of Current Re	egistered A	lgent		8.	I Name and Addres	s of New Regis	tered Agen	t/Office
FINKLE, LARRY. 4710 EISENHOWER BLVD., STE. TAMPA FL 33634				Y7/0 E Sulte, Apt. #, etc			P.O. Box Number is Not Acceptable)  is enhower Blyd., Sta. E-8  Zip Code			
its register	int to the provisions of S ed office or registered ag red agent, and accept th	ent, or both, in the S	d 608.508, I tate of Florid	Florida Statutes da. Such chang	s, the at e was a	pove-named limited uthorized by affirmal	liability company s	FL ubmits this state ty of the member	ment for the	8634 e purpose of changing accept the appointment
SIGNATU	RE	Fed Agent Accepting App	Significant (NC	MAN DIE: Registered Ager	M/A	G PARLANDI Gregured when reinslating	<u>.                                    </u>	DATE <u><b>M</b> a</u>	rch i	10,1998
10. Title		embers/Managers				ss Street Address	·	City	State and 2	Zip Code
MGPM	CELLULAR ENTERPRISES, FUNCLE, LARRY RICHARD SIRKIN ENTERPR			#710-E	LSE	NHOWER BL NHOWER BL NIVERSITY	ν <del>υ., 11-0</del>	IAMEA	Th.	IGS FL
							50	-03/26	/980	7851 11103015 ****188.75

11. Ido 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 annual 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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE** 

NATURE AND 121/10 OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

19 Partner 3/16/98 8/3-881-924