## أَوْ الْ الْحُوْمُ

## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # M00000001270 03 APR 18 PM 1:48 1. Entity Name ALLTEL WIRELESS HOLDINGS, LLC SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business. Mailing Address ONE ALLIED DRIVE ONE ALLIED DRIVE LITTLE ROCK, AR 72202 LITTLE ROCK, AR 72202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 71-0835978 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code 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 primed name of segistered agent and title if applicable (NOTE: Roussered Agent signature required when reinstating FILE NOWING FEB IS \$50:00 FIGURE 15 \$50:00 FIRE NOWING FEB IS \$50:00 F MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. tresident, MGR Change MGR CR2E083 (10/02 TITLE ☐ Delete TETLE Addition Scott For 2 FORD, SCOTT T NAME NAME ONE ALLIED DRIVE STREET ADDRESS One Allied Drive STREET ADDRESS CITY-ST-ZIP LITTLE ROCK, AR 72202 CITY-ST-ZIP Little Rock AR 72202 Group President Addition ☐ Delete TITLE ☐ Change TITLE FRANTZ, FRANCIS X NAME Kevin Beebe NAME STREET ADDRESS STREET ADDRESS ONE ALLIED DRIVE One Allied Drive LITTLE ROCK, AR 72202 Little Rock 4R 72202 CRY-ST-ZIP C1TY - ST - ZIP TITI F Treas wrer 1171F ☐ Delete Addition GARDNER, JEFFERY Scott Settelayer NAMÉ NAMÉ one Allies Drive STREET ADDRESS ONE ALLIED DRIVE STREET ADDRESS Little Rock, AR 72202 LITTLE ROCK, AR 72202 CITY-S1-7IP CRY-ST-7IP ☐ Change ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Charge TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C0Y-S1-212 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING REPIBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/<u>1/03</u>

501-905-8000