

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001982

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** CELLXION WIRELESS SERVICES, LLC

**Current Principal Place of Business:**

5031 HAZEL JONES RD.  
BOSSIER CITY, LA 71111

**New Principal Place of Business:**

555 ENTERPRISE DRIVE  
EDMOND, OK 73013

**Current Mailing Address:**

5031 HAZEL JONES RD.  
BOSSIER CITY, LA 71111

**New Mailing Address:**

**FEI Number:** 72-1410023      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CELLXION, LLC  
**Address:** 5031 HAZEL JONES RD  
**City-St-Zip:** BOSSIER CITY, LA 71111

**Title:** MGR  
**Name:** DEAN, JAMES L  
**Address:** 5031 HAZEL JONES RD  
**City-St-Zip:** BOSSIER CITY, LA 71111

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES L DEAN

MRG

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date