
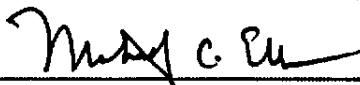


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> M96000000074			
WIRELESS ONE OPERATING COMPANY, LLC <del>5551 CORPORATE BLVD., STE. 2-K</del> <del>BATON ROUGE LA 70808</del>		<del>5551 CORPORATE BLVD., STE. 2-K</del> <del>BATON ROUGE LA 70808</del>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 11301 Industriplex Blvd. Suite, Apt. #, etc. Suite 4 City & State Baton Rouge, LA Zip 70809-4115		2a. Mailing Address 11301 Industriplex Blvd. Suite, Apt. #, etc. Suite 4 City & State Baton Rouge, LA Zip 70809-4115		3. Date Organized or Qualified 03/11/1996 3a. State of Formation TX 4. FEI Number 72-1312922 5. Date of Last Report 1996	
Country USA		Country USA		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	WIRELESS ONE, INC.	<del>5551 CORPORATE BLVD., STE.</del> 11301 Industriplex Blvd. Suite 4		BATON ROUGE LA 70809-4115	
11. I do 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 limited 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: 		Date 2/19/97		Daytime Phone # 504-293-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					