

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 27 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MMW

DOCUMENT # M96000000074

1. Entity Name

WIRELESS ONE OPERATING COMPANY, LLC

Principal Place of Business

~~2506 LAKELAND DR.~~

~~SUITE 401~~

~~JACKSON MS 39208~~

Mailing Address

~~2506 LAKELAND DR.~~

~~SUITE 401~~

~~JACKSON MS 39208-9700~~

2. Principal Place of Business

500 Clinton Center Dr.

Suite, Apt. Clinton, MS 39056

City & State

Zip

Country

US

3. Mailing Address

1133 19th ST NW

Suite, Apt. #, etc.

DEPT 8408

City & State

WASHINGTON DC

Zip

20036

Country

US

4. FEI Number

72-1312922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete  
NAME WIRELESS ONE, INC. B  
STREET ADDRESS 2506 LAKELAND DR.  
CITY- ST- ZIP JACKSON MS 39208

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE BERNARD EBBERS ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 500 Clinton Center Dr.  
CITY- ST- ZIP Clinton, MS 39056

TITLE MGR ☐ Change ☒ Addition  
NAME WALTER NAGEL  
STREET ADDRESS  
CITY- ST- ZIP 1133 19TH STREET, N.W. WASH. D.C. 20036

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP 400003249504--2  
-05/11/00--01126--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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: Walter Nagel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/24/00 202-736-6000  
Date Daytime Phone #

CR2E083 (9/99)