File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 90 (13Y - 2 - PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
Ilmited Liability Company **DOCUMENT** # M97000000899 WIRELESS BROADBAND SERVICES OF AMERICA, LL 1a. Principal Place of Business Address 9250 E. COSTILLA AVE., SUITE 9250 E. COSTILLA AVE., SUITE 325 ENGLEWOOD CO 80112 ENGLEWOOD CO 80112 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 12/31/1997 DE Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 36-4196556 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζιp Country Country Zip \$8 75 Additional Fee Required 08/14/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PAANTATION FL 33324 Suite, Apt. #, etc. 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Flegistered Agent signature required when reinstaling) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MEM WBS AMERICA, LLC 9250 E. COSTILLA AVE., SUI ENGLEWOOD CO 9250 E. COSTILLA AVE., SUI ENGLEWOOD CO MGR WIRELESS BROADCASTIN, -05/07/99--01151--004 \*\*\*\*188 75 | \*\*\*\*188,7\$ 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. Hurther certify that the information 11. Too nereby certify that the information supplied with misling doceshot quality of the exemption stated in Section 19.0/(3/(7/6)) 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.

MANAGET

SIGNATURE:

AMBRICA, ITS