

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000899

FILED
Apr 04, 2008
Secretary of State

Entity Name: WIRELESS BROADBAND SERVICES OF AMERICA, LLC

Current Principal Place of Business:

6500 SPRINT PARKWAY
OVERLAND PARK, KS 66251

New Principal Place of Business:

6500 SPRINT PARKWAY
HL-5ASTX
OVERLAND PARK, KS 66251

Current Mailing Address:

6500 SPRINT PARKWAY
HL-5ASTX
OVERLAND PARK, KS 66251

New Mailing Address:

FEI Number: 36-4196556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: WBS AMERICA, LLC,
Address: 6500 SPRINT PARKWAY
City-St-Zip: OVERLAND PARK, KS 66251

Title: MGR () Delete
Name: WIRELESS BROADCASTIN, G SYSTEMS OF A M ERICA
Address: 6500 SPRINT PARKWAY
City-St-Zip: OVERLAND PARK, KS 66251

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: WIRELESS BROADCASTIN, G SYSTEMS OF A M ERICA,
Address: 6500 SPRINT PARKWAY
City-St-Zip: OVERLAND PARK, KS 66251

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK V BESHEARS

VP

04/04/2008

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