CR2E083 (10/02)

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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## FILLE SECRETARY OF STATE DOCUMENT # M97000000899 DIVISION OF CORPORATIONS 1. Entity Name WIRELESS BROADBAND SERVICES OF AMERICA, LLC 03 JUN 26 PH 1: 27 Principal Place of Business Malling Address 9250 È. COSTILLA AVE., SUITE 325 9250 E. COSTILLA AVE., SUITE 325 ENGLEWOOD, CO 80112 ENGLEWOOD, CO 80112 2. Principal Place of Business Mailing Address 6500 Sprint Parkway 6500 Suite, Apt. 4, et Suite, Apt. #. etc. ☐ CHECK HERE IF MAKING CHANGES HL-5A Applied For City & State City & State 4. FEI Number Overlan 36-4196556 Nerland Not Applicable Ζ'n Zip Country \$5.00 Additional 5. Certificate of Status Desired 106251 4625 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301-2626 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents ignature required when reinstating) SD0021164785 FILE NOW!!! FEE IS \$50.00 Greek Payable to Florida Department of State \$/03--01088--001 \*\*50.00 Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MEMBER TITLE MEM Delete TITLE Change ☐ Addition WBS AMBRICA, UC WBS AMERICA, LLC NAME NAME 6500 Sprint Huy STREET ADDRESS 9250 E. COSTILLA AVE., SUITE 325 STREET ADDRESS ENGLEWOOD, CO 80112 COY-ST-21P CITY-ST-ZIP Overland Park. Delete TITLE Change ☐ Addition WIREUSS BROADCASTING Systems OF AMERICA. NAME WIRELESS BROADCASTING SYSTEMS OF AMERICA NAME 6500 Sprint Plas STREET ADDRESS 9260 E. COSTILLA AVE., SUITE 325 STREET ADDRESS ENGLEWOOD, CO 80112 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ∸[] Change-TITLE THE Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Delete 1ITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -- ST - ZIP CITY-ST-ZIP ☐ Delete Addition TITLES 1ITLE ☐ Change NAME\* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. hear SIGNATURE: SIGNATURE AND TYPED OR PI NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE