

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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01 JAN 30 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000277

1. Entity Name

OMNIPONT COMMUNICATIONS SERVICES, LLC

Principal Place of Business

12920 S.E. 38TH ST.
BELLEVUE WA 98006

Mailing Address

12920 S.E. 38TH ST.
BELLEVUE WA 98006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2064012

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANTON, JOHN W 3650 131ST AVE SE, STE. 200 BELLEVUE WA 98006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTHRIE, DONALD 3650 131ST AVE SE, STE. 200 BELLEVUE WA 98006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAPLETON, ROBERT R 3650 131ST AVE SE, STE. 200 BELLEVUE WA 98006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUMBAUGH, CREGG B 3650 131ST AVE SE, STE. 200 BELLEVUE WA 98006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENDER, ALAN R 3650 131ST AVE SE, STE. 200 BELLEVUE WA 98006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOTSON, ROBERT P 3650 131ST AVE SE, STE. 200 BELLEVUE WA 98006	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100003601671-4

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:

Lee A. Tostevy
Authorized Representative

1/26/01 (425) 378-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)



ACCOUNT NO. : 072100000032

REFERENCE : 982165 7156704

AUTHORIZATION :

COST LIMIT :

\$ 50.00

ORDER DATE : January 29, 2001

ORDER TIME : 10:0 AM

ORDER NO. : 982165-030

CUSTOMER NO: 7156704

CUSTOMER: Ms. Cherie Scott
Voicestream Wireless
12920 Se 38th Street

Bellevue, WA 98006

ANNUAL REPORT FILING

NAME: OMNIPOINT COMMUNICATIONS
SERVICES, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS- Ext. 1133

EXAMINER'S INITIALS: _____

RECEIVED
01 JAN 30 AM 11:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA