

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

01 JAN 30 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000278
1. Entity Name
OMNIPOINT COMMUNICATIONS MB OPERATIONS, 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

52-2065811

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** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GUTHRIE, DONALD
3650 131ST AVE SE, STE. 200
BELLEVUE WA 98006** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STAPLETON, ROBERT R
3650 131ST AVE SE, STE. 200
BELLEVUE WA 98006** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003601238--5 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BAUMBAUGH, CREGG B
3650 131ST AVE SE, STE. 200
BELLEVUE WA 98006** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BENDER, ALAN R
3650 131ST AVE SE, STE. 200
BELLEVUE WA 98006** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DOTSON, ROBERT P
3650 131ST AVE SE, STE. 200
BELLEVUE WA 98006** ☐ Delete

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

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.

Lee A. Tostevik

SIGNATURE:

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

Date

Daytime Phone #

Authorized Representative 1/26/01 (425) 378-4000

CR2E083 (11/00)

(2)



ACCOUNT NO. : 072100000032

REFERENCE : 982165 7156704

AUTHORIZATION : Patricia Pigott

COST LIMIT : \$ ~~150.00~~ 50.00

ORDER DATE : January 29, 2001

ORDER TIME : 9:47 AM

ORDER NO. : 982165-020

CUSTOMER NO: 7156704

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

Bellevue, WA 98006

ANNUAL REPORT FILING

NAME: OMNIPOINT COMMUNICATIONS MB
OPERATIONS, 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
JAN 30 AM 10:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA