## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am Secretary of State

DOCUMENT # P 00000 105 636  1. Entity Name  WIRELESS EXPRESS, /NC.							Secretary of State 05-01-2002 91559 028 ***150.00				
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2. Principal Place of Business 3800 E. COLONIAL DR 3800 E. COL											
3800 Suite, Apt.		DALLAZ DR	3800 E. COLONIAL DA Suite, Apt. #, etc.			316	DO NOT WRITE IN THIS SPACE				
Sulle, Apr.	#, GLG.		Suito, Apr. #1 cio.					501101			
City & State	e		City & State	N. 1		4	4. FE	Number		Applied For	
ORLA	INDO F	- <i>V</i>	ORLANDO	FL					·	Not Applicable	
Zip		Country	32 <i>80</i> 3	Coun	try // C	5	<b>5.</b> Ce	rtificate of Status Desi		8.75 Additional ee Required	
328	0.5	4.5	7000		<u>u                                    </u>	7.	Nam	e and Address of Cu			
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					oxdot			DO		52803	
8. The above	named entity su	ubmits this statement for	the purpose of changing it	ts register	ea office or	registerea	agen	t, or both, in the State	от нопаа.		
SIGNATURE _	Signature, typed or p	rinted name of registered agent a	nd title if applicable. (NC	TE: Registere	d Agent signatu	re required whe	en reinst	lating)	DATE		
					1 Fee is \$150.00			44 51 11 0 1			
Aner may 1,					Fee is \$550.00 JBR Is \$61.25			<ol><li>Election Campaig Trust Fund Contri</li></ol>		\$5.00 May Be Added to Fees	
(See criter	ria on back)	<b>7</b> 2	Make Check Paya			of State					
11.	^	OFFICERS AND	DIRECTORS			· · · · · · · · · · · · · · · · · · ·					
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with an other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/8 Z

402.466.1962 Daytime Phone