## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am § Secretary of State P01000065804 DOCUMENT # 1. Entity Name IG WIRELESS CORPORATION Principal Place of Business Mailing Address 1748 INDEPENDENCE BLVD.. SUITE-BZ B3 1748 INDEPENDENCE BLVD., SUITE 82 133 SARASOTA FL 34234 SARASOTA FL 34234 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Numbe City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRELL, DONALD J Street Address (P.O. Box Number is Not Acceptable) 1776 RINGLING BLVD. SARASOTA FL 34236 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CHAIRMAN ☐ Change ☐ Delete TITLE TITLE MICHAEL W. MCKINNEY NAME NAME 1748 INDEAENDENCE BLVD, B-3 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34234 CITY-ST-ZIP CITY-ST-ZIP ddition ☐ Change ☐ Delete TITLE PRESIDENT TITLE TOM L. ANTHONY NAME NAME 748 INDEPENDENCE BLVA, R-3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAR<u>ASOTA, FL</u> MCB PRES IDENT CITY-ST-ZIP ☐ Change ⇒ ~ Dèlete · TITLE -T(T) F~-DEVIN BOSAH NAME NAME 1748 INDEAENDENCE BLVA, B-3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(9/01)