2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000086708

BOWEN, WILLIAM

1879 DELANN LN

SALT LAKE CITY, UT 84121

Name:

Address:

City-St-Zip:

Entity Name: WAVNET COMMUNICATIONS, INC.

FILED Oct 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3062 LINDENWOOD LN GLENVIEW, IL 60025 **Current Mailing Address: New Mailing Address:** 3062 LINDENWOOD LN GLENVIEW, IL 60025 FEI Number: 57-1181122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, DILIP B 1212 STATE RD 70E OKEECHOBEE, FL 34972 US 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: DILIP B PATEL Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PATEL, PARESH S Name: Name: 3062 LINDENWOOD LN Address: Address: City-St-Zip: GLENVIEW, IL 60025 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: LORICK, SIDNEY Name: 4897 BUFORD HWY, STE 229 Address: Address: CHAMBLE, GA 30341 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition WARE, DAVID Name: Name: 1S514 ROUTE 53 Address: Address: City-St-Zip: GLEN ELLYN, IL 60137 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PARESH PATEL P 10/11/2005