

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90057 038 \*\*\*150.00

<b>DOCUMENT # P06000076101</b> 1. Entity Name <b>NEXT WAVE COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>13 MARIA PLACE PONTE VEDRA BEACH, FL 32082</b>			Mailing Address <b>13 MARIA PLACE PONTE VEDRA BEACH, FL 32082</b>		
2. Principal Place of Business - No P.O. Box # <b>135 Professional Drive</b>		3. Mailing Address <b>135 Professional Drive</b>			
Suite, Apt. #, etc. <b>Suite 104</b>		Suite, Apt. #, etc. <b>Suite 104</b>			
City & State <b>Ponte Vedra Beach, FL</b>		City & State <b>Ponte Vedra Beach, FL</b>			
Zip <b>32082</b>		Country <b>USA</b>		4. FEI Number <b>20-4991591</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>VOORHIS, SAM V 13 MARIA PLACE PONTE VEDRA BEACH, FL 32082</b>			7. Name and Address of New Registered Agent Name <b>Brett T. Buerck</b> Street Address (P.O. Box Number is Not Acceptable) <b>188 San Juan Drive</b> City <b>Ponte Vedra Beach FL</b> Zip Code <b>32082</b>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Brett T. Buerck</i></u> DATE <u>1/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOORHIS, SAM V 13 MARIA PLACE PONTE VEDRA BEACH, FL 32082 <input checked="" 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	President Brett T. Buerck 188 San Juan Drive Ponte Vedra Beach, FL 32082 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> 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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Brett T. Buerck</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/14/08</u> Daytime Phone # <u>904-524-1635</u>		