AMENDED 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000013928 1. Entity is me West Coast Wireless Enterprises, Inc. PLAUS 3 AM 1:48 Principal Place of Business Mailing Address ECRETARY OF SINIE 4432 Cortez Rd. 4432 Cortez Rd. Bradenton, FL 34210 Bradenton, FL 34210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 650811263 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Cox, Sloan Street Address (P.O. Box Number is Not Acceptable) 4120 53rd Ave., W., #406 Bradenton, FL 34210 City Zip Code 8. The above named enfity 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) FILE NOW!!! FEE IS \$150.00 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, 2001. Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VPST Delete TITLE V/S/T/D ☐ Addition \$406 NAME Cox, Wendy.... NAME cox, wendy. No. ., \$40 4120 53rd Ave. W. #406 Cox, Wendy STREET ADDRESS STREET ADDRESS 4120 53rd Ave. W. #406 Bradenton, FL 34210 CITY-ST-ZIP CITY-ST-7IP Bradenton, FL 34210 TITLE Ρ ☐ Delete TITLE P/D Change ☐ Addition NAME Cox, Sloan NAME Cox, Sloan STREET ADDRESS 4120 53rd Ave. W. #406 STREET ADDRESS 4120 53rd Ave. W. #406 CITY-ST-7IP Bradenton, FL 34210 CITY-ST-ZIP Bradenton, FL 34210 ☐ Addition TITLE Detete (Detete TITLE ☐ Change NAME NAME Hammond, Leon J II 900004540519-STREET ADDRESS STREET ADDRESS 12112 77th St. N. -08/17/01--01076--010 CITY-ST-ZIP CITY-ST-ZIP <u>Largo,</u> TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition TITLE Change 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 ap address, with all other like empowered.

SIGNATURE:

SKINATURE AND TYPED OR

ITED NAME OF SIGNING OFFICER OR DIALCTOR