FILED Feb 21, 2002 8:00 am Secretary of State 02-21-2002 90028 030 ***150.00

Principal Place of Business Mail ing Address Sto CORAL WAY MAM Ft. 3145-2001						02-21-2002	. 50020 0.	70 13	0.00	
Suite	6022 S DIXIE HWY 3540 CORAL WAY							411	, v	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, apend to afriest name of registered agent agent segment required when vertically all in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent agent segment required when vertically all in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent agent segment required when vertically all in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent agent agent when vertically all in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to afriest name of registered agent, or both, in the State of Florida. Signature typed t	RAMIREZ	KAREN		Chroat Add	ann (D.O. Pay Numb	ar is Not Associable	~			
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 Signature, hybed or printed named of registered appeal and itself aportance. (NOTE: Pregistered Agent Signature) (NOTE: Pregistered Office or registered Agent Signature) (NOTE: Pregistered Agent Signature) (NOTE: Pregistered Office or registered Office or registered Agent Signature) (NOTE: Pregistered Office or registered Office or regi	6022 S D	IXIE HWY		Street Add	ress (P.O. Box Numic	Jei is Noi Acceptable				
8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, page or prime have of registered agent and size if appticable. NOTE Registered Agent signature secured when remission; DATE	MIAMI FL	. 33143-5001	•							
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE RAMIREZ, KAREN 6022 S. DIME HWY MIAMI FL 33143-5001 TITLE NAME SIRRET ADDRESS CITY-ST-2IP TI		·		City		·	FL	Zip Cod	de	
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Take fliing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Addition Addition	SIGNATURE _	Signature, typed or printed name of registered agen	it and title if applicable. i (NOTE:	Registered Agent signature	required when reinstating)	w.w.	DATE			
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Make Check Payable to Department of State Make Check Payable to Department of State	Tax filing requirement and elects to do so. After May 1, 200			2 Fee will be \$550).00 10. Li	. •				
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3. I hereby certify that the information supplied with this fling 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 frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director		certify that the information supplied wi	th this filing does not qualify for	the exemption stated	d in Section 119.07(3))(i), Florida Statutes.	I further cert	ify that the	information	

of the corporation or the receiver outrustee 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 yether address, with all other like empowered.

SIGNATURE:

AREN

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A-1 WIRELESS, INC.

1. Entity Name

P98000023113

308-476-0223