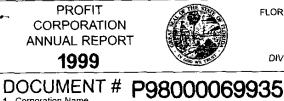
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90103 004 ***150.00

| REPEATER NETWORK SPECTRUM AQ., INC. | |
|-------------------------------------|--|
| | 1 (2001) 201 (10 10 10 10 10 10 10 10 10 10 10 10 10 1 |

| REPEATI | e of Business | AU., INC. Mailing Address | | | | | | | | |
|--|---------------------------------------|---------------------------------|------------|--------------------|----------------------|--|--|--------------------------------|-------------|--------|
| 270 N CONVEN | | PO BOX 99 | | | | | | | | |
| BOURBONNAIS IL 60914 BOURBONNAIS IL 60914 | | | | | DO NOT WRITE IN THIS | SDACE | | | | |
| | | | | | | | 3. Date Incorporated or Qualifed | SFACE | | í |
| | | | | | | ļ | 08/10/1998 | | ļ | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | | | | 4. FEI Number | TA | pplied For | } |
| 25 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 36-4243468 | | ot Applicable | | |
| | | | etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional | | |
| 22 | | 27 | | | | | 5. Certificate of Status Desired | Fee R | equired | |
| City & State | • | City & State | 28 | | | | 6. Election Campaign Financing | \$5.00 May Be Added to Fees | | 1 |
| 23 | | | | | | | Trust Fund Contribution | | | 1 |
| Zip Country | | Zip | | Country | | | 8. This corporation owes the current year Inta | | □No | |
| .4 | 25 | 29 | 30 | | | | Personal Property Tax. 10. Name and Address of New Registered | Yes | | Į. |
| | 9. Name and Address of Curre | nt Registered Agent | | 81 | Name | | IV. Name and Address of New (Coglistored | Agont | | |
| MOR | ITELL, EDWIN E III | | | | | | | | | |
| | SOUTHERN BLVD, STE 300 | | | 82 | Street A | et Address (P.O. Box Number is Not Acceptable) | | | | 1 |
| | T PALM BEACH FL 33406 | | | 83 | | | | | | ĺ |
| | | | | | | | | | | ļ |
| | | | | 84 | City | | Fl | 85 Zip | Code | { |
| agent. I a | m familiar with, and accept the oblig | ations of, Section 607.0505, FI | orida Stat | utes. | | | 's board of directors. I hereby accept the appo | | | í e |
| 12. | | ND DIRECTORS | 13. | | | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECT | ORS IN 12 | (11/98 |
| TITLE | PSTD | ☐ DELETE | 1.1 TI | TLE | | | | Change | Addition | 1 5 |
| NAME | FITZGERALD, HARRY | | 1.2 NAME | | ĺ | | | | | F034 |
| STREET ADDRESS | PO BOX 99, 270 N. CONVEN | t st | 1.3 S | 1.3 STREET ADDRESS | | | | | |) Ĕ |
| CITY-ST-ZIP | BOURBONNAIS IL 60914 | | 1.4 C | TY-ST | -ZIP | | | `~- - | F-7 4 1 193 | ij |
| TITLE | | ☐ DELETE | 2.1 TI | TLE | } | | | Change | Addition | ` |
| NAME | | | 2.2 N | | ļ | | | | | |
| STREET ADDRESS | | | 2.3 5 | TREET | ADDRESS | | | | | ĺ |
| CITY-ST-ZIP | | Distre | | TY-S | T-ZIP | | | Change | Addition | } |
| TITLE | | ☐ OELETE | 3.1 TI | | Į | | | □ overde | | 1 |
| NAME | | | 3.2 N | | ADDDECC | | | | | } |
| STREET ADDRESS | | | 1 | IREET | ADDRESS | | | | | 1 |
| CITY-ST-ZIP TITLE | | □ DELETE | 4.1 10 | | 1-21 | | | Change | Addition | ľ |
| NAME . | | | 4.21 | | | | | | / | 1 |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | | | | 1 |
| CITY-ST-ZIP | | | | //Y-S1 | | | | | / | } |
| TITLE | | ☐ DELETE | 5.1 Ti | | | | | Change | _ Addition | 1 |
| NAME | | | 5.2 N | AME | } | | • | | 4 | } |
| STREET ADDRESS | | | 5.3 S | TREET | ADDRESS | | | | | } |
| CITY-ST-ZIP | | | 5.4 C | ITY-ST | -ZIP_ | | | | | 1 |
| TITLE | | ☐ DELETE | 6.1 TI | ITLE | | | | Change | ☐ Addition | 1 |
| NAME | | | 6.2 N | AME | j | | | , | | |
| STREET ADDRESS | | | 6.3 S | TREET | ADDRESS | | | • | |] |
| CITY-ST-ZIP | | | 6.4 C | ITY-ST | r-ZIP | | | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other incompanies.

SIGNATURE: HARRY EITEZGERALD

2/25/99

815-937-1273