2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P.99000102975

1. Entity Name

AIRWAVE COMMUNICATIONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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****317.50 ****317.50

00-01 UBR
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
400 East Colonial Drive Orlando, Florida 32801	400 East Colonial Drive Orlando, Florida 32801

2. Principal Place of Business	3. Mailing Address
700 E. Michigan Street	700 E. Michigan Street
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.: Suite 102
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32806 Country: USA	Zip: 32806 Country: USA

4. FEI Number: 59-3616372 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORAN, MICHAEL
400 East Colonial Drive
Orlando, Florida 32801

7. Name and Address of New Registered Agent

Name: **SHAMS, MAURICE**
Street Address (P.O. Box Number is Not Acceptable): 111 N. Orange Avenue, Suite 1200
City: Orlando **FL** Zip Code: 32801

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: _____ Sept 11, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Moran, Michael 400 East Colonial Drive Orlando, Fl 32801 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Huhn, Clete F. 1100 S. Orange Avenue Orlando, FL 32806 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Moran, Thomas P. 111 N. Orange Avenue, Suite 1200 Orlando, Florida 32801 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Shams, Maurice 111 N. Orange Avenue, Suite 1200 Orlando, Florida 32801 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hiatt, Jack 3033 Mercy Drive Orlando, Florida 32808 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition AD

CR2E034 (11/00)

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 an address, with all other like empowered.

SIGNATURE: _____ Resident Agent Sept 6, 01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date