

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90022 009 ***150.00

CHICKS A1

DOCUMENT # P99000102975
1. Entity Name
AIRWAVE COMMUNICATIONS, INC. ✓

Principal Place of Business	Mailing Address
700 E. MICHIGAN STREET SUITE 102 ORLANDO FL 32806	700 E. MICHIGAN STREET SUITE 102 ORLANDO FL 32806

2. Principal Place of Business 1452 E. Michigan Street	3. Mailing Address 1452 E. Michigan Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando, FL		City & State Orlando FL 32806	
Zip 32806	Country Orange	Zip 32806	Country Orange

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

SHAMS, MAURICE
111 N. ORANGE AVENUE
SUITE 1200
ORLANDO FL 32801

7. Name and Address of New Registered Agent	
Name	Thomas P. Morgan
Street Address (P.O. Box Number is Not Acceptable)	111 N. Orange Ave Ste 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 Michael J. Moran 4-28-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUHN, CLETE F 1100 S. ORANGE AVE ORLANDO FL 32806 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, THOMAS 111 N. ORANGE AVENUE, SUITE 1200 ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMS, MAURICE 111 N. ORANGE AVENUE, SUITE 1200 ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIATT, JACK 111 N. ORANGE AVENUE, SUITE 1200 ORLANDO FL 32808 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

[illegible]

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: Michael J. Monahan 4-28-2002 407-843-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #