-98000001475



ACCOUNT NO. : 072100000032

REFERENCE : 513547

4348158

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: December 13, 1999

ORDER TIME : 10:07 AM

ORDER NO. : 513547-030

CUSTOMER NO: 4348158

*****35.00 *****35.00

CUSTOMER: Ms. Jan Carter

Weblink Wireless, Inc.

3333 Lee Parkway

Dallas, TX

FOREIGN FILINGS

NAME:

PAGEMART WIRELESS, INC.

XX PROFIT

NON-PROFIT

XX____ CORPORATE

LIMITED PARTNERSHIP

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

PageMart Wireless, Inc.	
Name of corporation as it appe	ears on the records of the Department of State.
Delaware	3.03/16/98
Incorporated under laws of	Date authorized to do business in Florida
(4-7 COMPLETE ON	SECTION II Ly the applicable changes)
If the amendment changes the name of the corporation? name change is	ation, when was the change effected under the laws of
WebLink Wireless, Inc. Name of corporation after the amendment, adding suffix "co not contained in new name of the corporation.	orporation" "company" or "incorporated," or appropriate abbreviation, if
. If the amendment changes the period of duration,	indicate new period of duration.
	New Duration t -
. If the amendment changes the jurisdiction of incor	poration, indicate new jurisdiction.
	ew Jurisdiction
Finding Signature	December 1, 1999
FREDERICK G. Anderson	Secretary

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PAGEMART WIRELESS, INC.", FILED A CERTIFICATE OF OWNERSHIP, CHANGING ITS NAME TO "WEBLINK WIRELESS, INC.", THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 1999, AT 4 O'CLOCK P.M.

2456424 8320 991534190



0136395

dwff. Dul 12-13-9.

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: