

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004178

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: CROWN CASTLE ORLANDO CORP.

## Current Principal Place of Business:

510 BERING DR, STE 500  
HOUSTON, TX 77057

## New Principal Place of Business:

## Current Mailing Address:

510 BERING DR, STE 500  
HOUSTON, TX 77057

## New Mailing Address:

FEI Number: 41-2105151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HAWK, E. BLAKE  
Address: 510 BERING DR, STE 500  
City-St-Zip: HOUSTON, TX 77057

Title: DT ( ) Delete  
Name: MORELAND, W. BENJAMIN  
Address: 510 BERING DR, STE 500  
City-St-Zip: HOUSTON, TX 77057

Title: P ( ) Delete  
Name: KELLY, JOHN P  
Address: 2000 CORPORATE DR  
City-St-Zip: CANONSBURG, PA 15317

Title: VP ( ) Delete  
Name: WALLANDER, EDWARD W  
Address: 2000 CORPROATE DR  
City-St-Zip: CANONSBURG, PA 15317

Title: S ( ) Delete  
Name: MORTON, MICHELLE  
Address: 510 BERING DR, STE 500  
City-St-Zip: HOUSTON, TX 77057

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE MORTON

S

01/06/2004

Electronic Signature of Signing Officer or Director

Date