

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000003531

1. Entity Name
 AMERICAN TOWERS, INC.



Principal Place of Business
 116 HUNTINGTON AVE.
 11TH FLOOR
 BOSTON, MA 02116

Mailing Address
 116 HUNTINGTON AVE.
 11TH FLOOR
 BOSTON, MA 02116



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0598206	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DCEO
 NAME: TAICLET, JAMES
 STREET ADDRESS: 116 HUNTINGTON AVE.
 CITY-ST-ZIP: BOSTON, MA 02116

TITLE: DCFO
 NAME: SINGER, BRADLEY E T
 STREET ADDRESS: 116 HUNTINGTON AVE.
 CITY-ST-ZIP: BOSTON, MA 02116

TITLE: DVS
 NAME: HESS, WILLIAM H
 STREET ADDRESS: 116 HUNTINGTON AVE
 CITY-ST-ZIP: BOSTON, MA 02116

TITLE: VAS
 NAME: MILSON, MICHAEL B
 STREET ADDRESS: 116 HUNTINGTON AVE
 CITY-ST-ZIP: BOSTON, MA 02116

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 01/25/06 80046-008 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael B. Milson Michael B. Milson 1/9/2006 617 375-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #