FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 21 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045653 (7)

1. Corporation Name
SBA TOWERS, INC.

Principal Place of Business	Mailing Address
6001 BROKEN SOUND PKWY SUITE 400 BOCA RATON FL 33487	6001 BROKEN SOUND PKWY SUITE 400 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1997

2. Principal Place of Business 21 One Town Center Road	2a. Mailing Address 26 c/o General Counsel One Town Center Road
Suite, Apt. #, etc. 22 3rd Floor	Suite, Apt. #, etc. 27 3rd Floor
City & State 23 Boca Raton, Florida	City & State 28 Boca Raton, Florida
Zip / Country 24 33486 / 25 USA	Zip / Country 29 33486 / 30 USA

4. FEI Number: 65-0754577 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Karen B. Rozar — **Karen B. Rozar, As Its Agent** — DATE: 4-21-98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	P/CEO/D ☐ Change ☐ Addition
NAME		1.2 NAME	Steven E. Bernstein
STREET ADDRESS		1.3 STREET ADDRESS	One Town Center Road, 3rd Floor
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	☐ DELETE	2.1 TITLE	VP ☐ Change ☐ Addition
NAME		2.2 NAME	Ronald G. Bizick II
STREET ADDRESS		2.3 STREET ADDRESS	One Town Center Road, 3rd Floor
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	☐ DELETE	3.1 TITLE	SVP/T/AS/D ☐ Change ☐ Addition
NAME		3.2 NAME	Robert M. Grobstein
STREET ADDRESS		3.3 STREET ADDRESS	One Town Center Road, 3rd Floor
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	☐ DELETE	4.1 TITLE	SVP/S/D ☐ Change ☐ Addition
NAME		4.2 NAME	Jeffrey A. Stoops
STREET ADDRESS		4.3 STREET ADDRESS	One Town Center Road, 3rd Floor
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	800002498828--1
STREET ADDRESS		5.3 STREET ADDRESS	-04/24/98--01008--005
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey A. Stoops 3/20/98

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

(1)

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 21 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103330 (2)

1. Corporation Name
SBA COMMUNICATIONS CORPORATION

Principal Place of Business	Mailing Address
6001 BROKEN SOUND PARKWAY SUITE 400 BOCA RATON FL 33487	6001 BROKEN SOUND PARKWAY SUITE 400 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Town Center Road	2a. Mailing Address 26 c/o General Counsel One Town Center Road	3. Date Incorporated or Qualified 12/23/1996	
Suite, Apt. #, etc 22 3rd Floor	Suite, Apt. #, etc. 27 3rd Floor	4. FEI Number 65-0716501	Applied For Not Applicable
City & State 23 Boca Raton, Florida	City & State 28 Boca Raton, Florida	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 33486 / 25 USA	Zip / Country 29 33486 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE EAST TOWER, SUITE 500 WEST PALM BEACH FL 33401	81 Name: Corporation Service Company 82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street 83 500002498835--9 -04/24738--016 84 City: Tallahassee FL Zip Code: 32301 ****150.00 ****150.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Karen B. Rozar **Karen B. Rozar, As Its Agent** 4.21.98
Signature, typed or printed name of agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	☐ DELETE	1.1 TITLE	CEOD	☒ Change ☐ Addition
NAME	BERNSTEIN, STEVEN E		1.2 NAME	BERNSTEIN, STEVEN E.	
STREET ADDRESS	6001 BROKEN SOUND PKWY., STE 400		1.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	EVC	☐ DELETE	2.1 TITLE	EVC	☒ Change ☐ Addition
NAME	BIZICK, RONALD G		2.2 NAME	BIZICK, RONALD G	
STREET ADDRESS	6001 BROKEN SOUND PKWY., STE 400		2.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	SVS	☐ DELETE	3.1 TITLE	SVS	☒ Change ☐ Addition
NAME	GROBSTEIN, ROBERT M		3.2 NAME	GROBSTEIN, ROBERT M	
STREET ADDRESS	6001 BROKEN SOUND PKWY., STE 400		3.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33487		3.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	SVP	☐ DELETE	4.1 TITLE	SVP	☒ Change ☐ Addition
NAME	STOOPS, JEFFREY A		4.2 NAME	STOOPS, JEFFREY A	
STREET ADDRESS	6001 BROKEN SOUND PKWY., STE 400		4.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33487		4.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HEBB, DONALD		5.2 NAME	HEBB, DONALD	
STREET ADDRESS	6001 BROKEN SOUND PKWY., STE 400		5.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33487		5.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LANDRY, KEVIN		6.2 NAME	LANDRY, KEVIN	
STREET ADDRESS	6001 BROKEN SOUND PKWY., STE 400		6.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33487		6.4 CITY-ST-ZIP	BOCA RATON, FL 33486	

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen B. Rozar Jeffrey A. Stoops 3/26/98