2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045653

Entity Name: SBA TOWERS, INC.

FILED Jan 12, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5900 BROKEN SOUND PKWY NW BOCA RATON, FL 33487 US							
Current Mailing Address:				New Mailing Address:			
5900 BROKEN SOUND PKWY NW BOCA RATON, FL 33487 US			5900 BROKEN SOUND PKWY NW ATTN: LEGAL DEPT. BOCA RATON, FL 33487 US				
FEI Number:	65-0754577	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STOOPS, JEFFR	OUND PARKWAY NW		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	HUNT, THOMAS I	OUND PARKWAY NW		Title: Name: Address: City-St-Zip:	HUNT, THOMAS	SOUND PARKWAY NW	
Title: Name: Address: City-St-Zip:	MARINO, JOHŃ	Oelete OUND PARKWAY NW L 33487		Title: Name: Address: City-St-Zip:	CAVANAGH, BRI	SOUND PARKWAY NW	
Title: Name: Address: City-St-Zip:	BAGWELL, KUR	OUND PARKWAY NW		Title: Name: Address: City-St-Zip:	BAGWELL, KUR	SOUND PARKWAY NW	
Title: Name: Address: City-St-Zip:	BRESKIN, THERI	OUND PARKWAY NW		Title: Name: Address: City-St-Zip:	KLINE, PAMELA	SOUND PARKWAY NW	
Title: Name: Address: City-St-Zip:	FIEDOR, JACK	Delete OUND PARKWAY NW L 33487		Title: Name: Address: City-St-Zip:	()	Change ()Addition	

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: THOMAS P. HUNT S/GC 01/12/2004