

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045812

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: SBA NETWORK MANAGEMENT, INC.

## Current Principal Place of Business:

5900 BROKEN SOUND PARKWAY NW  
BOCA RATON, FL 33487

## New Principal Place of Business:

## Current Mailing Address:

5900 BROKEN SOUND PARKWAY NW  
ATTN: LEGAL DEPARTMENT  
BOCA RATON, FL 33487

## New Mailing Address:

FEI Number: 56-2349510

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: CAO ( ) Delete  
Name: CAVANAGH, BRENDAN  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487

Title: S/GC ( ) Delete  
Name: HUNT, THOMAS P  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487

Title: CFO ( ) Delete  
Name: MACAIONE, ANTHONY J  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487

Title: COO ( ) Delete  
Name: BAGWELL, KURT  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487

Title: CEOP ( ) Delete  
Name: STOOPS, JEFFREY A  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487

Title: T/AS ( ) Delete  
Name: KLINE, PAMELA J  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

01/07/2008

Electronic Signature of Signing Officer or Director

Date