

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007496

Entity Name: NCWPCS MPL 29 - YEAR SITES TOWER HOLDINGS LLC**Current Principal Place of Business:**1025 LENOX PARK BLVD NE
ATLANTA, GA 30319**Current Mailing Address:**675 WEST PEACHTREE ST NW
STE 2756
ATLANTA, GA 30308 US**FEI Number:** 46-4725176**Certificate of Status Desired:** No**Name and Address of Current 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**Authorized Person(s) Detail :**

Title OFFICER
Name DIORIO, KAREN
Address 1025 LENOX PARK BLVD NE
City-State-Zip: ATLANTA GA 30319

Title OFFICER
Name JOHNSON, GARY
Address 1025 LENOX PARK BLVD NE
City-State-Zip: ATLANTA GA 30319

Title OFFICER
Name FISHER, LINDA
Address 1025 LENOX PARK BLVD NE
City-State-Zip: ATLANTA GA 30319

Title MANAGER
Name SHIPPAM, C. ANTHONY
Address 1025 LENOX PARK BLVD NE
City-State-Zip: ATLANTA GA 30319

Title MANAGER
Name HARRISON, GREGORY S
Address 1025 LENOX PARK BLVD NE
City-State-Zip: ATLANTA GA 30319

Title MANAGER
Name AT&T MOBILITY CORPORATION
Address 1025 LENOX PARK BLVD NE
City-State-Zip: ATLANTA GA 30319

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AT&T MOBILITY CORPORATION

MANAGER

04/17/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date