

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91311 008 ***150.00

0622376 AT

DOCUMENT # F00000004968



1. Entity Name
SPECTRASITE BROADCAST TOWERS, INC.

Principal Place of Business
**100 REGENCY FOREST DRIVE, SUITE 400
CARY NC 27511**

Mailing Address
**100 REGENCY FOREST DRIVE, SUITE 400
CARY NC 27511**

11044043



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-2175635**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	CLARK, STEPHEN H
STREET ADDRESS	100 REGENCY FOREST DRIVE, SUITE 400
CITY-ST-ZIP	CARY NC 27511
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	PRESTON, THOMAS A
STREET ADDRESS	5601 N. MACARTHUR BLVD., #100
CITY-ST-ZIP	IRVING TX 75038
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	TOMICK, DAVID P
STREET ADDRESS	100 REGENCY FOREST DRIVE, SUITE 400
CITY-ST-ZIP	CAREY NC 27511
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	BYRNE, RICHARD J
STREET ADDRESS	100 REGENCY FOREST DRIVE, SUITE 400
CITY-ST-ZIP	CAREY NC 27511
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	HUNT, DANIEL L
STREET ADDRESS	100 REGENCY FOREST DRIVE, SUITE 400
CITY-ST-ZIP	CAREY NC 27511
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	GOONEWARDENE, H. MICHAEL
STREET ADDRESS	100 REGENCY FOREST DRIVE #400
CITY-ST-ZIP	CARY NC 27511

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas A. Prestwood
STREET ADDRESS	100 Regency Forest DR
CITY-ST-ZIP	Cary, NC 27511
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John H. Lynch
STREET ADDRESS	100 Regency Forest DR
CITY-ST-ZIP	Cary, NC 27511
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V Gabriela Gonzalez
STREET ADDRESS	100 Regency Forest DR
CITY-ST-ZIP	Cary, NC 27511
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A TREAS James S. Felman
STREET ADDRESS	100 Regency Forest Dr.
CITY-ST-ZIP	Cary, NC 27511
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: SIGNATURE REQUIRED / James S. Felman 4-17-03 919-468-0112

CR2E034 (10/02)