FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/16/95 -01072 -015
****225.00 ****225.00

DOCUMENT # F94000001101

1. Corporation Name
OmniAmerica Communications, Inc

Principal Place of Business	Mailing Address
200 Skylight Office Tower 1660 West Second Street Cleveland, OH 44113 (1-21-94)	-Same-

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1-21-94
3a. Date of Last Report: N/A

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 95-4460352 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation System 1200 S. Pine Island Rd Plantation, FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
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	D, C, P, CEO	11 TITLE	~~Chmn~~ D ☐ Change ☑ Addition
NAME	Carl Hirsh	12 NAME	Christopher S. Gaffney
STREET ADDRESS	11111 Santa Monica Blvd	13 STREET ADDRESS	75 State Street, Suite 2500
CITY-ST-ZIP	Los Angeles, CA 90025	14 CITY ST ZIP	Boston, Massachusetts 02109
TITLE	D, Exec. VP, T	21 TITLE	O ☐ Change ☑ Addition
NAME	Anthony Ocepek	22 NAME	William P. Cagan
STREET ADDRESS	200 Skylight Office Tower, 1660 W 2nd St.	23 STREET ADDRESS	One Post Office Square, Suite 3800
CITY-ST-ZIP	Cleveland, OH 44113	24 CITY ST ZIP	Boston, Massachusetts 02109
TITLE	O	31 TITLE	☐ Change ☐ Addition
NAME	Stephen F. Gormley	32 NAME	
STREET ADDRESS	200 Skylight Office Tower, 1660 W 2nd St	33 STREET ADDRESS	
CITY-ST-ZIP	Cleveland, OH 44113	34 CITY ST ZIP	
TITLE	O	41 TITLE	☐ Change ☐ Addition
NAME	Brian McNeill	42 NAME	
STREET ADDRESS	200 Skylight Office Tower, 1660 W 2d St.	43 STREET ADDRESS	
CITY ST ZIP	Cleveland, OH 44113	44 CITY ST ZIP	
TITLE	O, VP	51 TITLE	☐ Change ☐ Addition
NAME	H. Omn Thacker	52 NAME	
STREET ADDRESS	200 Skylight Office Tower, 1660 W 2d St.	53 STREET ADDRESS	
CITY ST ZIP	Cleveland, OH 44113	54 CITY ST ZIP	
TITLE	[redacted], VP	61 TITLE	☐ Change ☐ Addition
NAME	Steven Smith	62 NAME	
STREET ADDRESS	200 Skylight Office Tower, 1660 W 2d St.	63 STREET ADDRESS	
CITY ST ZIP	Cleveland, OH 44113	64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: Anthony S. Ocepek Executive VP & Treasurer 5-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number