

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *F98000000244*
 1. Entity Name
 OmniAmerica Towers, Inc.

FILED

01 APR 30 PM 1:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 116 Huntington Avenue
 Boston, MA 02116

Mailing Address
 116 Huntington Avenue
 Boston, MA 02116

2. Principal Place of Business
 116 Huntington Avenue

3. Mailing Address
 116 Huntington Avenue

Suite, Apt. #, etc.
 11th floor

Suite, Apt. #, etc.
 11th floor

City & State
 Boston, MA

City & State
 Boston, MA

4. FEI Number
 75-2730647

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
 02116

Country

Zip
 02116

Country

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

6. Name and Address of Current Registered Agent

Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEES IS \$150.00
After MAY 1, 2001, Fee will be \$550.00
Make Check Payable to: Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Steven B. Dodge 116 Huntington Ave., Boston MA 02116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Director Justin D. Benincasa 116 Huntington Ave., Boston, MA 02116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and VP Jonathan R. Black 116 Huntington Ave., Boston, MA 02116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, CFO & Director Joseph L. Winn 116 Huntington Avenue Boston, MA 02116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO & Director Douglas C. Wiest 116 Huntington Avenue Boston, MA 02116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **April 24, 2001** 617 375-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)



ACCOUNT NO. : 072100000032
 REFERENCE : 131664 4389224
 AUTHORIZATION : *Patricia Pizzuto*
 COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2001
 ORDER TIME : 10:40 AM
 ORDER NO. : 131664-030
 CUSTOMER NO: 4389224

CUSTOMER: Ms. Kathleen A. Quinn
 American Tower Corporation
 116 Huntington Avenue
 11th Floor
 Boston, MA 02116

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2001 APR 30 PM 12:05
 NOT INTENDED
 TO ACKNOWLEDGE
 SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: OMNI AMERICA TOWERS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____