

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90526 011 ***150.00

DOCUMENT # F98000007046

1. Entity Name
SPECTRASITE TOWER LEASING SOUTH, INC.



Principal Place of Business
100 REGENCY FOREST DR
CARY, NC 27511

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

54041090



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1945159

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, STEPHEN H 100 REGENCY FOREST DR CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAREY, DALE A 100 REGENCY FOREST DR CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, GABRIELA 100 REGENCY FOREST DR CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, JOHN H 100 REGENCY FOREST DR CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FELMAN, JAMES S 100 REGENCY FOREST DRIVE CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: James S. Felman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-04

919-468-0112