

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90009 004 ***550.00

DOCUMENT # F99000002366

1. Entity Name

CROWN CASTLE BROADCAST USA CORP.



Principal Place of Business

2000 CORPORATE DR
CANONSBURG PA 15317

Mailing Address

510 BERING DR
#500
HOUSTON TX 77057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (4/04)

4. FEI Number

74-2917900

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

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. 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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WALLANDER, EDWARD W	
STREET ADDRESS	2000 CORPORATE DR	
CITY-ST-ZIP	CANONSBURG PA 15317	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	HAWK, BLAKE E	
STREET ADDRESS	510 BERING DR #500	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORTON, MICHELLE	
STREET ADDRESS	510 BERING DR # 5W	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, WESLEY D	
STREET ADDRESS	510 BERING DRIVE, SUITE 500	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REID, DONALD J	
STREET ADDRESS	510 BERING DR #500	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	MORELANO, W. BENJAMIN	
STREET ADDRESS	510 BERING DRIVE, SUITE 500	
CITY-ST-ZIP	HOUSTON TX 77057	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moreland, W. Benjamin
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: *Donald J. Reid*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald J. Reid

7-27-04

Date

Daytime Phone #

713-570-3132