FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (0)K16904 ANTENNA SITE MANAGEMENT, INC. Principal Place of Business Mailing Address 2780 NE 9TH COURT 2790 NE 9TH COURT POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1905 NW 32 NW 32 St 65-0042547 Not Applicable Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Bay #1 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be FL Pompano Trust Fund Contribution Added to Fees ^ℤº23064 Country 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DAVIS, BRET R 2790 NE 9TH COURT 82 POMPANO BEACH FL 33062 83 FIELD BCH 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 Forda. 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. AYBLOCK SIGNATURE Registered Agent signature required when reinslating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change DELETE 1.1 TITUE PRESIDENT TITLE 1073 SU DE AV DAVIS, BRET R NAME 1.2 NAME 2790 NE 9TH COURT STREET ADDRESS 1.3 STREET ADDRESS **POMPANO BEACH FL** DEERPIEZD BCHFL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in ection 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an Chapter 607, Florida Statutes; and that my name appears in FRMMIndicated on this annual report or supplemental annual report is true and accurate and that my officer or director of the corporation or the receiver or trustee empowered to execute this report is true and accurate and that my officer or director of the corporation or the receiver or trustee empowered to execute this report. Block 12 or Block 13 if changed, or on an attachment with an address

4.4 City - St - ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

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