

2001 UNIFORM BUSINESS REPORT (UBR)

0006421 AF

DOCUMENT # L00000002183
 1. Entity Name
FLORIDA TELE-COM TOWERS, LLC

FILED .

01 MAR 28 PM 2:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 25 LITTLEJOHN LANE 25 LITTLEJOHN LANE
 ROCKLEDGE FL 32955 ROCKLEDGE FL 32955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FLORIDA INCORPORATORS, INC.
 1221 BRICKELL AVE., STE 900
 MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME	MGR <input checked="" type="checkbox"/> Delete
STREET ADDRESS	TRALONGO, CATHERINE
CITY-ST-ZIP	3223 BAYLEY PASSAGE DULUTH GA 30097
TITLE NAME	MGR <input type="checkbox"/> Delete
STREET ADDRESS	TYNDALL, VERNON
CITY-ST-ZIP	25 LITTLE JOHN LANE ROCKLEDGE, FLORIDA 32955
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	200003992132 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	-04/11/01--01074--002
CITY-ST-ZIP	*****55.00 *****55.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VERNON TYNDALL *Vernon Tyndall* 20 MAR 01 241-1386
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)