

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000002183

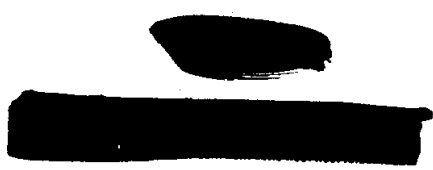
1. Entity Name  
FLORIDA TELE-COM TOWERS, LLC

**FILED**  
Aug 25, 2002 8:00 am  
Secretary of State

07-30-2002 90381 003 \*\*\*\*50.00

59-3628332 ✓

|   |         |   |         |
|---|---------|---|---------|
| Principal Place of Business<br>25 LITTLEJOHN LANE<br>ROCKLEDGE FL 32955 |         | Mailing Address<br>25 LITTLEJOHN LANE<br>ROCKLEDGE FL 32955 |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



DO NOT WRITE IN THIS SPACE

|   |                                |
|---|--------------------------------|
| 4. FEI Number <b>APPLIED FOR</b><br>59-3628332            | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br>FLORIDA INCORPORATORS, INC.<br>1221 BRICKELL AVE., STE 900<br>MIAMI FL 33131 | 7. Name and Address of New Registered Agent<br>Name: Florida Incorporators, Inc.<br>Street Address (P.O. Box Number is Not Acceptable):<br>8875 Hidden River Pkwy Ste 300<br>City: Tampa FL Zip Code: 33637 |
|---|---|

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: *Mark Hankins* Mark Hankins, President

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State  
Due By September 25, 2002

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>TYNDALL, VERNON<br>25 LITTLE JOHN LANE<br>ROCKLEDGE FL 32955 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Frank Romeo<br>25 Little John Lane<br>Rockledge FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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CR2E083 (4/02)

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: *Frank Romeo* SIGNATURE REQUIRED: Frank Romeo Date: 7-22-02 (770) 235-3961