

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000002183

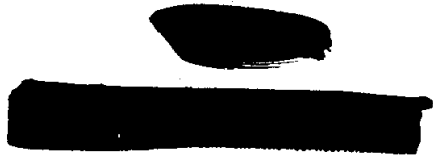
1. Entity Name  
**FLORIDA TELE-COM TOWERS, LLC**

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

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

59-3628332 ✓

Principal Place of Business 25 LITTLEJOHN LANE ROCKLEDGE FL 32955		Mailing Address 25 LITTLEJOHN LANE 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> 59-3628332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>FLORIDA INCORPORATORS, INC.</b> 1221 BRICKELL AVE., STE 900 MIAMI FL 33131		7. Name and Address of New Registered Agent Name: <b>Florida Incorporators, Inc</b> Street Address (P.O. Box Number is Not Acceptable): <b>8875 Hidden River Pkwy Ste 300</b> City: <b>Tampa</b> FL Zip Code: <b>33637</b>	
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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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>TYNDALL, VERNON</b> <b>25 LITTLE JOHN LANE</b> <b>ROCKLEDGE FL 32955</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Frank Romeo</b> <b>25 Little John Lane</b> <b>Rockledge FL 32955</b>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **FRANK ROMEO** 7-22-02 (770) 235-3961