

**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

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

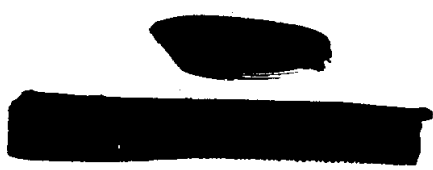
2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

59-3628332 ✓



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR** Applied For  
**59-3628332** 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 **Florida Incorporators, Inc**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8875 Hidden River Pkwy Ste 300**  
 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

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>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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