

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90253 008 ****50.00

DOCUMENT # L98000002672

1. Entity Name

CEA TOWER INVESTORS, L.L.C.

Principal Place of Business

**101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602**

Mailing Address

**101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602**

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

59-3560344

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JUNG, MING G
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MEDIATEL INVESTMENTS, INC.	
STREET ADDRESS	29 COMMONWEALTH AVENUE	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CEA INVESTORS, INC.	
STREET ADDRESS	101 EAST KENNEDY BOULEVARD, SUITE 3300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MACCRORY, TOM	
STREET ADDRESS	1380 EAVES SPRING ROAD	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SWEENEY, BRIAN	
STREET ADDRESS	1304 NORTH TULIP DRIVE	
CITY-ST-ZIP	WEST CHESTER PA 19380	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT W IV	
STREET ADDRESS	630 FIFTH AVENUE, SUITE 1510	
CITY-ST-ZIP	NEW YORK NY 10111	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROCKWORKER, INC.	
STREET ADDRESS	2900 WEST PARK ROW, SUITE D	
CITY-ST-ZIP	ARLINGTON TX 76013	

10. ADDITIONS/CHANGES

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REQUIRED *Ming Jung* 4/26/02 813-226-8844

CR2E083 (9/01)