

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000003587

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** TOWERCOM ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

230 PEACHTREE ST., NW, SUITE 1440  
ATLANTA, GA 303031515

**New Principal Place of Business:**

**Current Mailing Address:**

230 PEACHTREE ST., NW, SUITE 1440  
ATLANTA, GA 303031515

**New Mailing Address:**

**FEI Number:** 59-3582803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIELDS, DAVID R  
1 INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: LOVETT, W. RADFORD II  
Address: 230 PEACHTREE ST., NW, SUITE 1440  
City-St-Zip: ATLANTA, GA 303031515

Title: V (X) Delete  
Name: KIRK, CARRIE L  
Address: 230 PEACHTREE ST., NW, SUITE 1440  
City-St-Zip: ATLANTA, GA 303031515

Title: V (X) Delete  
Name: SHIELDS, DAVID R  
Address: 230 PEACHTREE ST., NW, SUITE 1440  
City-St-Zip: ATLANTA, GA 303031515

Title: V (X) Delete  
Name: GERVIN, SYDNEY A  
Address: 230 PEACHTREE ST., NW, SUITE 1440  
City-St-Zip: ATLANTA, GA 303031515

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TOWERCOM MANAGEMENT,, L.L.C.  
Address: 230 PEACHTREE ST., NW, SUITE 1440  
City-St-Zip: ATLANTA, GA 303031515

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JUSTIN SEAMONDS

CFO

05/01/2002

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date