## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# L99000006299

Entity Name: TOWERCOM EAST COAST, L.L.C.

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-3608716 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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:**

## **ADDITIONS/CHANGES:**

Title: MGR () Delete Title: MGRM (X) Change () Addition Name: TOWERCOM ENTERPRISES, Name: TOWERCOM ENTERPRISES, Address: 1 INDEPENDENT DR., STE 1600 Address: 1 INDEPENDENT DR., STE 1600 City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

 Name:
 LOVETT, W. RADFORD II
 Name:

 Address:
 1 INDEPENDENT DR., STE 1600
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:

 $\label{eq:time_time_time_time} {\sf Title:} \qquad {\sf V} \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad {\sf ( \ ) \ Change \ ( \ ) \ Addition}$ 

 Name:
 MILLER, W. SCOTT
 Name:

 Address:
 1 INDEPENDENT DR., STE 1600
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GERVIN, SYDNEY A III
 Name:

 Address:
 1 INDEPENDENT DR., STE 1600
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:

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 Name:
 SHIELDS, DAVID R
 Name:

 Address:
 1 INDEPENDENT DR., STE 1600
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:

Title: MD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 KIRK, CARRIE L
 Name:

 Address:
 1 INDEPENDENT DR., STE 1600
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32202
 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