

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000006299

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

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3608716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, DAVID R
ONE 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: MGR () Delete
Name: TOWERCOM ENTERPRISES,
Address: 1 INDEPENDENT DR., STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: P (X) Delete
Name: LOVETT, W. RADFORD II
Address: 1 INDEPENDENT DR., STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: V (X) Delete
Name: MILLER, W. SCOTT
Address: 1 INDEPENDENT DR., STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: V (X) Delete
Name: GERVIN, SYDNEY A III
Address: 1 INDEPENDENT DR., STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: V (X) Delete
Name: SHIELDS, DAVID R
Address: 1 INDEPENDENT DR., STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: MD (X) Delete
Name: KIRK, CARRIE L
Address: 1 INDEPENDENT DR., STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

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

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

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

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