Principal Place of Business 1239 O.G. SKINNER DRIVE WEST POINT GA 31833 2. Principal Place of Business Suite, Apt. #, etc. City & State Bulleure Bulleure Bulleure Country USA 3. Mailing Address 1249 O.G. SKINNER DRIVE WEST POINT GA 31833 2. Principal Place of Business 1259 O.G. SKINNER DRIVE WEST POINT GA 31833 2. Principal Place of Business 1279 O.G. SKINNER DRIVE WEST POINT GA 31833 2. Principal Place of Business 1279 O.G. SKINNER DRIVE WEST POINT GA 31833 3. Mailing Address 1279 O.G. SKINNER DRIVE WEST POINT GA 31833 4. FEI Number 58-2468819 Do NOT WRITE IN THIS SPACE City & State Bulleure Bulleure Bulleure Bulleure Bulleure Bulleure Country USA 5. Certificate of Status Desired For Required For Req	2001	UNIFORM BUSI	R)		APPRUAT AND		1002		
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SURE, Apr. In Rot. Sulte, Apr	2. Principal P	lace of Business	3. Mailing Address	acte i					
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Floring. Signature. The Above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Floring. FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Floring. FL Zip Code FL Zip	<u> </u>					4. FEI Number	58-2468819		-
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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 Synature, typed to pristed name of registered agent and the # expiricable (NOTE Registered Agent signature required when revocating) DATE	1201 HAYS STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)				
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NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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	CITY-ST-ZIP				Bell				
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11. I hereby certify that the information supplied with this filling 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					Lee	A. 105TEV	<i>astreet</i>		19-01
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	CITY-ST-ZIP			CITY-ST-ZIP	10920 Bell.	erue WA	9800L	"W"	V ' -
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Lee A. Tostevin 9/4/01

(425)378-4000

STAPLE CHECK HERE

SIGNATURE:



ACCOUNT NO. : 072100000032

REFERENCE: 485520

5520 7156704

AUTHORIZATION

P. +

COST LIMIT : \$ 50.00

ORDER DATE: September 17, 2001

ORDER TIME : 1:33 PM

ORDER NO. : 485520-030

CUSTOMER NO:

7156704

CUSTOMER: Ms. Cherie Scott

Voicestream Wireless 12920 Se 38th Street

Bellevue, WA 98006

ANNUAL REPORT FILING

NAME:

POWERTEL BIRMINGHAM TOWERS,

LLC

O1 SEP 18 PM 2: 24
DIVISION OF CORPORATION

XX	ANNUAL	REPORT

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CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: