2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   M97000000343

1. Entity Name

TOWERCOM HOLDINGS, LLC

Principal Place of Business	Mailing Address
1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009	1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number 59-3456789 Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, L.D. 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009	Name: Shields, David R. Street Address (P.O. Box Number is Not Acceptable): 1 Independent Dr. Suite 1600 City: Jacksonville FL Zip Code 32202

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)_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   _(signature)_   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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2000044186 62--3
-06/14/01--01003--002
*****50.00   *****50.00
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9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME TOWERCOM ENTERPRISES, L.L.C. STREET ADDRESS 1 INDEPENDENT DRIVE SUITE 1600 CITY-ST-ZIP JACKSONVILLE FL 32202-5009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE P NAME W. Radford Lovett II STREET ADDRESS 1 Independent Dr. Ste 1600 CITY-ST-ZIP Jacksonville Fl 32202	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VP NAME W. Scott Miller STREET ADDRESS 1 Independent Dr. Ste 1600 CITY-ST-ZIP JAX FL 32202	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VP NAME Sydney A. Gervin III STREET ADDRESS 1 Independent Dr. Ste 1600 CITY-ST-ZIP JAX Fl 32202	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VP NAME David R. Shields STREET ADDRESS 1 Independent Dr. Ste 1600 CITY-ST-ZIP JAX Fl 32202	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MD NAME Carrie L. Kirk STREET ADDRESS 1 Independent Dr. Ste 1600 CITY-ST-ZIP JAX Fl 32202	☐ Change ☑ Addition

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)_ David Shields 12/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)