2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P0000056891 DOCUMENT

1. Entity Name

PINNACLE TOWERS IV INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90075 024 ***150.00

Principal Pl	lace of Business	Mailing Address			7		
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SARASOTA	FL 34232	SARASOTA FL 34232	U .				
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2. Principa	l Place of Business	3. Mailing Address		**	<u> </u>		
- <u>-</u>							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
Oit a C					CHECK HER	RE IF MAKING CH	IANGES
City & St	tate	City & State			4. FEI Number		Applied For
Zip					65-103716	19	Not Applicabl
ΖIÞ	Country	Zip	Count	у	5. Certificate of Status Desired	\$8	75 Additional
	6 Name and Add				3. Certificate of Status Desired		Required
	6. Name and Address of C	urrent Registered Agent			7. Name and Address of New	Registered Ager	nt
OT COR	DODATION OVOTER	the state of the s		Name			
	PORATION SYSTEM		-	Street Address ((BO Bankhartania Mark	 	
660 E. Ji	efferson St.			Street Address ((P.O. Box Number is Not Acceptab	ole)	
TALLAHA	ASSEE FL 32301						
				City		FL	Zip Code
8. The abov	e named entity submits this stater	ment for the purpose of changing	its registered	Office or register	red agent, or both, in the State of F	• • • • · · · · · · · · · · · · · · · ·	
the obliga	ations of registered agent.	, , , , , , , , , , , , , , , , , , , ,	no rogiotora:	omed or register	ed agent, or both, in the State of F	florida. Tam famili	ar with, and accept
CIONIATURE							
SIGNATURE							
	Signature, typed or printed name of registere	ed agent and title if applicable (N	OTE: Conintored	Anna dana			
	Signature, typed or printed name of registere		OTE: Registered	gent signature required	when reinstating)	DATE	
	FILE NOW!!! FEE IS \$150.0	90	OTE: Registered	Agent signature required	<u> </u>	<u> </u>	
Afte	FILE NOW!!! FEE IS \$150.0 er May 1, 2003 Fee will be \$55	90	OTE: Registered	gent signature required	9. Election Campaign F	inancing	\$5.00 May Be
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: