2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079825

FILED Jan 08, 2004 Secretary of State

Entity Name: SBA BROADBAND SERVICES, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
5900 BROKEN SOUND PARKWAY NW BOCA RATON, FL 33487				
Current Mailing Address:			New Mailing Address:	
ATTN: LEGAL DEPT 5900 BROKEN SOUND PARKWY NW BOCA RATON, FL 33487				
FEI Number:	65-1036222 FI	El Number Applied For () FEI Nu	mber Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US				
The above in the State	named entity subr of Florida.	nits this statement for the purpose of	of changing it	s registered office or registered agent, or both,
SIGNATURE:				
	Electronic S	ignature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	AS () Dele BRESKIN, THERESA 1 TOWN CTR RD, 3 BOCA RATON, FL 3	A NICK RD FLR	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition STOOPS, JEFFREY A 5900 BROKEN SOUND PARKWAY NW BOCA RATON, FL 33487
Title: Name: Address: City-St-Zip:	VPGC () Dele HUNT, THOMAS P 1 TOWN CTR RD, 3 BOCA RATON, FL 3	RD FLR	Title: Name: Address: City-St-Zip:	VPGC (X) Change () Addition HUNT, THOMAS P 5900 BROKEN SOUND PARKWAY NW BOCA RATON, FL 33487
Title: Name: Address: City-St-Zip:	CAO () Dele KLINE, PAMELA J 1 TOWN CTR RD, 3 BOCA RATON, FL 3	RD FLR	Title: Name: Address: City-St-Zip:	T (X) Change () Addition KLINE, PAMELA J 5900 BROKEN SOUND PARKWAY NW BOCA RATON, FL 33487
Title: Name: Address: City-St-Zip:	() Dele	ete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition STOOPS, JEFFREY A 5900 BROKEN SOUND PARKWAY NW BOCA RATON, FL 33487
Title: Name: Address: City-St-Zip:	()Dele	te	Title: Name: Address: City-St-Zip:	D () Change (X) Addition HUNT, THOMAS P 5900 BROKEN SOUND PARKWAY NW BOCA RATON, FL 33487
Title: Name: Address: City-St-Zip:	()Dele	te	Title: Name: Address: City-St-Zip:	CAO () Change (X) Addition FIEDOR, JACK 5900 BROKEN SOUND PARKWAY NW BOCA RATON, FL 33487

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P. HUNT **VPGC** 01/08/2004