2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014574

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Entity Name: RICHLAND TELECOM TOWERS, INC.

Current Principal Place of Business:			New Pr	New Principal Place of Business:		
SUITE 920	(ENNEDY BLV) ⁻ L 336091863	D.				
Current N	Mailing Addres	ss:	New Ma	niling Address:		
SUITE 920	(ENNEDY BLV) L 336091863	D.				
FEI Number	: 59-3704271	FEI Number Applied For	() FEI Number Not A	pplicable () Certificate of Status Desired (X)		
Name and	d Address of (Current Registered Age	ent: Name a	nd Address of New Registered Agent:		
200 LAUR JACKSON The above	ENLEAF BUIL A STREET, 3F IVILLE, FL 322 a named entity	RD FLOOR 2023510	or the purpose of changir	g its registered office or registered agent, or both,		
in the State SIGNATUI	e of Florida.					
SIGNATOR		nic Signature of Register	red Agent	 Date		
Election Ca		g Trust Fund Contribution (_			
OFFICER	S AND DIREC	TORS:	ADDITI	ONS/CHANGES TO OFFICERS AND DIRECTOR:		
Title: Name: Address:	DV (BRAY, JOHN F) Delete I IEDY BLVD., SUITE 920	ADDITI Title: Name: Address: City-St-Zi	()Change ()Addition		
Title: Name: Address: City-St-Zip: Title: Name: Address:	DV (BRAY, JOHN F 4890 W. KENN TAMPA, FL 33 P (ATKINSON, NII) Delete I IEDY BLVD., SUITE 920 6091863) Delete EL IEDY BLVD., STE. 920	Title: Name: Address:	() Change () Addition () Change () Addition		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	DV (BRAY, JOHN H 4890 W. KENN TAMPA, FL 33 P (ATKINSON, NIII 4890 W. KENN TAMPA, FL 33 VPS (BRAY, MATTHI) Delete 	Title: Name: Address: City-St-Zi Title: Name: Address:	() Change () Addition () Change () Addition () Change () Addition		
OFFICER: Title: Name: Address: City-St-Zip:	DV (BRAY, JOHN F 4890 W. KENN TAMPA, FL 33 P (ATKINSON, NII 4890 W. KENN TAMPA, FL 33 VPS (BRAY, MATTHI 4890 W. KENN TAMPA, FL 33 VT (WEST, DALE A) Delete (IEDY BLVD., SUITE 920 (6091863) Delete (EL) (6091863) Delete (EW) J (6091863) Delete (6091863) Delete (6091863) Delete (A) (EDY BLVD., SUITE 920 (6091863	Title: Name: Address: City-St-Zi Title: Name: Address: City-St-Zi Title: Name: Address:	() Change () Addition () Change () Addition () Change () Addition () Change () Addition		

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: DAWN M. LEMONS AVAS 04/21/2004

FILED Apr 21, 2004 Secretary of State