

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045812

FILED
Jan 18, 2007
Secretary of State

Entity Name: SBA NETWORK MANAGEMENT, INC.

Current Principal Place of Business:

5900 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5900 BROKEN SOUND PARKWAY NW
ATTN: LEGAL DEPARTMENT
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 56-2349510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CAO () Delete
Name: CAVANAGH, BRENDAN
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: S/GC () Delete
Name: HUNT, THOMAS P
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CFO () Delete
Name: MACAIONE, ANTHONY J
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: COO () Delete
Name: BAGWELL, KURT
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CEOP () Delete
Name: STOOPS, JEFFREY A
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: T/AS () Delete
Name: KLINE, PAMELA J
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

S/GC

01/18/2007

Electronic Signature of Signing Officer or Director

_____ Date