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1997 APR 30 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000103330 (2)

1. Corporation Name

SBA COMMUNICATIONS CORPORATION

Principal Place of Business 6001 BROKEN SOUND PARKWAY SUITE 400 BOCA RATON FL 33487	Mailing Address 6001 BROKEN SOUND PARKWAY SUITE 400 BOCA RATON FL 33487-3519
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3. Date Incorporated or Qualified 12/23/1996	3a. Date of Last Report
4. FEI Number 65-0716501	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE EAST TOWER, SUITE 500 WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 83 84 City TALLAHASSEE FL 85 Zip Code 32301
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Karen B. Rozar* Karen B. Rozar, As Its Agent DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CEO/D Steven E. Bernstein 6001 Broken Sound Pkwy, Suite 400 Boca Raton, FL 33487 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director Kevin Landry 6001 Broken Sound Pkwy, Suite 400 Boca Raton, FL 33487 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. VP/COO Ronald G. Bizick 6001 Broken Sound Pkwy, Suite 400 Boca Raton, FL 33487 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VPT Secretary Robert M. Gubstein 6001 Broken Sound Pkwy, Suite 400 Boca Raton, FL 33487 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP Jeffrey A. Stoops 6001 Broken Sound Pkwy, Suite 400 Boca Raton, FL 33487 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	800002160128-3 -04/30/97--01043--026 ****165.00 ****165.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Donald Hebb 6001 Broken Sound Pkwy, Suite 400 Boca Raton, FL 33487 ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition <i>4/20/97</i>

14. I do 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 annual report or supplemental annual 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 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 in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007064

CR2E034 (9/96)