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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90260 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103330

1. Corporation Name

SBA COMMUNICATIONS CORPORATION

Principal Place of Business

ONE TOWN CENTER ROAD.. 3RD FLOOR
% GENERAL COUNSEL
BOCA RATON FL 33486

Mailing Address

ONE TOWN CENTER ROAD.. 3RD FLOOR
% GENERAL COUNSEL
BOCA RATON FL 33486

Attn: Legal Department

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1996

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO	☐ DELETE
NAME	BERNSTEIN, STEVEN E	
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	EVC	☐ DELETE
NAME	BIZICK, RONALD G	
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	SVS	☐ DELETE
NAME	GROBSTEIN, ROBERT M	
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	SVP	☐ DELETE
NAME	STOOPS, JEFFREY A	
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	☐ DELETE
NAME	HEBB, DONALD	
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	☐ DELETE
NAME	LANDRY, KEVIN	
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	

1.1 TITLE	Director	☐ Change ☒ Addition
1.2 NAME	Robert Picow	
1.3 STREET ADDRESS	one town center road, 3rd floor	
1.4 CITY-ST-ZIP	Boca Raton, FL 33486	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

(561) 226-9251
Daytime Phone #

CR2E034 (1/98)