

JUL 22 2003 16:55  
P97000045653

Florida Department of State  
Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
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03 JUL 22 PM 4:57  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

SBA TOWERS, INC.

RECEIVED  
03 JUL 22 PM 4:56  
DIVISION OF CORPORATIONS

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : SBA Towers, Inc.
2. The mailing address of the corporation : 5900 Broken Sound Parkway NW Boca Raton, FL 33487
3. Date of incorporation/qualification: 5/22/1997 Document number: P9700004553
4. The name and address of the current registered agent and office:  
Corporation Service Company  
1201 Hayes Street  
Tallahassee, FL 32301
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)  
C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road,  
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

7/21/2003  
(Date)

James Bordonaro, Vice President

(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

C T Corporation System

By: Barbara A. Burke

(Signature of Registered Agent)

7-22-03  
(Date)

If signing on behalf of an entity:

**BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

FL-000 - 09/17/01 CT System Online