2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P98000007029 04-25-2005 90264 028 ***158.75 BIG BEND TOWERS, INC. Principal Place of Business Mailing Address 2888 REMINGTON GREEN LANE 2888 REMINGTON GREEN LANE SUITE C SUITE C TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 CR2E034 (10/03) Cha-P City & State 4. FEI Number City & State Applied For 59-3492475 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Timothy D. Padactt, Esg AUSLEY, MARGARET B Street Address (P.O. Box Number is Not Acceptable) 2810 Kerning to Green Circle 316 EAST JEFFERSON STREET TALLAHASSEE, FL 32303 Zip Code Tallahassec 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed narr of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. 11. Change Delete TITLE TITLE ___ vadition Bradley S. Harrell 2888 Remington Green Lane, Suite C AUSLEY, DANIEL M NAME NAME STREET ADDRESS 2888 REMINGTON GREEN LANE, SUITE C STREET ADDRESS TALLAHASSEE, FL 32308 Tallahassee, FL 32308 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITI F ☐ Change Addition HARVELL, BRADLEY S NAME NAME STREET ADDRESS 2888 REMINGTON GREEN LANE, SUITE C STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(850) 222-7320

Daytime Phone #