2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 02, 2004 08:00 AM Secretary of State **DOCUMENT # P99000026286** 1. Entity Name INTEGRATED TOWER SYSTEMS, INC. Mailing Address Principal Place of Business 2189 CLEVELAND ST 2189 CLEVELAND ST 204-A 204-A CLEARWATER, FL 33765 CLEARWATER, FL 33765 02032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 59-3565103 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE EUNSON, JACK T 2189 CLEVELAND ST STE. 204A CLEARWATER, FL 33765 IN THIS SPACE 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, type (NOTE: Registered Agont signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2804 Fee will be \$550.00 U00000168917 Trust Fund Contribution. Added to Fees 08/02/04-80002 10, OFFICERS AND DIRECTORS D TITLE EUNSON, JACK T NAME STREET ADDRESS 2189 CLEVELAND ST STE. 204A CLEARWATER, FL 33765 CITY-ST-79 TITLE NAME STREET ADDRESS COY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MANAE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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 with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727.442.8500

FILED