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CT CORPORATION SYSTEM

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99000029885

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

SBA NETWORK SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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 Network Services, Inc.

2. The mailing address of the corporation : _____

5900 Broken Sound Boulevard, N.W., At: Legal Department, Boca Raton, Florida 33487

3. Date of incorporation/qualification: March 31, 1999 Document number: P99000029885

4. The name and address of the current registered agent and office:

Corporation Service Company

1201 Hayes Street

Tallahassee, Florida 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)

7/21/2002
(Date)

James A. Bordonaro, Vice President ATTORNEY IN FACT
(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)

7-17-03
(Date)

If signing on behalf of an entity:

Barbara A. Burke

(Typed or Printed Name)

Special Assistant Secretary
(Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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