

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000151835

Entity Name: SBA HQ, LLC**Current Principal Place of Business:**5900 BROKEN SOUND PKWY, NW
BOCA RATON, FL 33487**Current Mailing Address:**5900 BROKEN SOUND PKWY, NW
BOCA RATON, FL 33487**FEI Number:** 46-3979593**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title MGRM
Name SBA TELECOMMUNICATIONS, LLC
Address 5900 BROKEN SOUND PKWY, NW
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR, PRESIDENT
Name STOOPS, JEFFREY A
Address 5900 BROKEN SOUND PKWY, NW
City-State-Zip: BOCA RATON FL 33487

Title EXECUTIVE VP
Name SILBERSTEIN, JASON
Address 5900 BROKEN SOUND PKWY, NW
City-State-Zip: BOCA RATON FL 33487

Title EXECUTIVE VP, SECRETARY,
DIRECTOR
Name HUNT, THOMAS P
Address 5900 BROKEN SOUND PKWY, NW
City-State-Zip: BOCA RATON FL 33487

Title VP
Name O'DONNELL, PATRICK
Address 5900 BROKEN SOUND PKWY, NW
City-State-Zip: BOCA RATON FL 33487

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SBA TELECOMMUNICATIONS, LLCCAITLIN LAZARUS,
ATTORNEY IN FACT

01/29/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date