STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	*2. Exact name of the limited liability company*
107097	UniSite/Omnipoint NE Tower Venture, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
DELAWARE	TOWER SPACE RENTAL

5. Principal office address	*City*	*State*	*Zip*
116 Huntington Avenue	Boston	MA	02116

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
William H. Hess	Ex VP & Secretary

Street Address	*City*	*State*	*Zip*
116 Huntington Avenue	Boston	MA	02116

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*
American Towers Inc.	116 Huntington Avenue	Boston	MA	02116
Manager Name	*Street Address*	*City*	*State*	*Zip*
Manager Name	*Street Address*	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*	*City*	*Zip*
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

[redacted] [redacted]

107097

BY: UniSite, LLC
its managing
member.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

BY: American Towers, Inc., its Managing Member

Michael B. Milson
Signature of Authorized Person *Date*

[redacted]

Michael B. Milson VP EAS
Print or Type Name of Authorized Person

File Date 10/13/05
Check No. 151214
By: CXC
FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No	*2. Exact name of the limited liability company*
107097	UniSite/Omnipoint NE Tower Venture, LLC

3 State of Formation	*4 Brief description of the character of the business which is actually conducted in Rhode Island*
Delaware	Tower Space Rental

5 Principal office address	*City*	*State*	*Zip*
116 Huntington Avenue	Boston	MA	02116

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
William H. Hess	Ex. VP & Secretary

Street Address	*City*	*State*	*Zip*
116 Huntington Avenue	Boston	MA	02116

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE

FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*
American Towers, Inc.	116 Huntington Avenue	Boston	MA	02116
Manager Name	*Street Address*	*City*	*State*	*Zip*
Manager Name	*Street Address*	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*		
CT Corporation System			
Address	*City*	*Zip*	
10 Weybossett Street	Providence, RI	02903-USA	

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 107097 [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

BY AMERICAN TOWERS, INC., ITS MANAGING MEMBER

Signature of Authorized Person — *Date* 10-26-04

[redacted] William H. Hess

Print or Type Name of Authorized Person

File Date	11/8/04
Check No	136248
By	W.

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev 6:02

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
107097	UniSite/Omnipoint NE Tower Venture, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	TOWER SPACE RENTAL

5. Principal office address	City	State	Zip
116 Huntington Ave.	Boston	MA	02116

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
William H. Hess	General Counsel

Street Address	City	State	Zip
116 Huntington Ave.	Boston	MA	02116

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
UniSite, Inc.	116 Huntington Ave	Boston	MA	02116

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CORPORATION SERVICE COMPANY	170 WESTMINSTER STREET, SUITE 900	PROVIDENCE	02903-

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted] * 1 0 7 0 9 7 *

File Date 10.8.03
Check No 11915 3
By [illegible]

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

for UniSite, Inc., its managing member
[signature] 9/8/03
Signature of Authorized Person *Date*

William A. Hess
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 ● *Filing Fee: $50.00*

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
107097	UniSite/Omnipoint NE Tower Venture, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	TOWER SPACE RENTAL

5. Principal office address	City	State	Zip
116 Huntington Ave.	Boston	MA	02116

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
W. Robert Kellegrew, Jr.	Secretary + General Counsel

Street Address	City	State	Zip
116 Huntington Ave.	Boston	MA	02116

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT* ☐ .
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
UniSite, Inc.	116 Huntington Ave.	Boston	MA	02116

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- **Changes require filing of Form 642 - R.I.G.L. 7-16-11**

Agent Name	Address	City	Zip
CORPORATION SERVICE COMPANY		PROVIDENCE	02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.

[redacted]

* 1 0 7 0 9 7 *

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

By: UniSite, Inc., its managing member

Signature of Authorized Person — *Date* 8/29/02

[redacted]

W. Robert Kellegrew, Jr.
Print or Type Name of Authorized Person

File Date	9-13-02
Check No.	107111
By:	

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

Filing Fee: $50.00

To be filed annually between
September 1 and November 1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 107097

Annual Report for the year 2000

1. The name of the limited liability company is:
Unisite/Omnipoint NE Tower Venture, LLC
2. The address of the principal office of the limited liability company is:
116 Huntington Avenue, Boston MA 02116
3. The state or other jurisdiction under the laws of which it is formed is: Delaware
4. The name and address of its resident agent is: Corporation Service Company,
170 Westminster Street, Suite 900, Providence RI 02903
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 116 Huntington Ave., Boston MA
02116, W. Robert Kellegrew
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: tower space rental
7. If the limited liability company has managers, list the name and address of each manager:

Name	*Address*
Unisite, Inc.	116 Huntington Avenue, Boston MA 02116

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Date: August 20, 01

Unisite/Omnipoint NE Tower Venture, LLC
Exact Name of Limited Liability Company

9-21-01

BY: Unisite, Inc., its managing member
By Sandra Rosen

Ck #
700125600

Asst. Secretary
Title

Form No. 632
Revised. 01/99