

# UCC APPROVAL SHEET

\*\* KEEP WITH DOCUMENT \*\*

TRANSACTION TYPE                      FEES REMITTED

<input type="checkbox"/>	UO - Original Financing Statement	\$20.00
<input type="checkbox"/>	UOA - Original Financing Statement With Assignment	\$20.00
<input type="checkbox"/>	UOTU - Original Financing Statement Transmitting Utility	\$20.00
<input type="checkbox"/>	UMA - Amendment	\$20.00
<input type="checkbox"/>	UMDA - Amendment - Debtor Added	\$20.00
<input type="checkbox"/>	UMDC - Amendment - Debtor Name Change	\$20.00
<input type="checkbox"/>	UMDD - Amendment - Debtor Deleted	\$20.00
<input type="checkbox"/>	UMSA - Amendment - Secured Party Added	\$20.00
<input type="checkbox"/>	UMSC - Amendment - Secured Party Name Change	\$20.00
<input type="checkbox"/>	UMSD - Amendment - Secured Party Deleted	\$20.00
<input checked="" type="checkbox"/>	UMC - Amendment - Continuation	\$20.00
<input type="checkbox"/>	UMT - Amendment - Termination	\$20.00
<input type="checkbox"/>	UMZ - Amendment - Assignment	\$20.00
<input type="checkbox"/>	UMZP - Amendment - Partial Assignment	\$20.00
<input type="checkbox"/>	UMCS - Amendment - Correction Statement	\$20.00
<input type="checkbox"/>	UOMH - Manufactured Home - Original Financing Statement	\$20.00
<input type="checkbox"/>	UOPF - Public Finance - Original Financing Statement	\$20.00
<input type="checkbox"/>	Documents Nine (9) Pages or More	\$75.00
<input type="checkbox"/>	Certified Copies	
<input type="checkbox"/>	Plain Copies	

TOTAL FEES: \$221.00



RECORDED ON 05/14/2003 AT 12:18 PM  
 IN THE FINANCING RECORDS OF THE MD. ST.  
 DEPARTMENT OF ASSESSMENTS AND TAXATION.  
 WO # 0000740676 ACK # 1000361988389072  
 ORIGINAL FILE NUMBER: 0000000181003668  
 LIBER: U00270 FOLIO: 1123 PAGES: 0002  
 RECORDING FEE: 20.00  
 EXPEDITED FEE: 0.00

Other Change(s)

Code \_\_\_\_\_

Attention: \_\_\_\_\_

Mail to Address:

- THE CORPORATION TRUST INCORPORATED  
 300 E LOMBARD ST.  
 - BALTIMORE MD 21202-3219

NO FEE TRANSACTION TYPES

- URC - Copies
- UNCP - Void - Non-Payment
- UCC - Cancellation
- UCR - Reinstatement
- UCO Departmental Action
- UCREF - Refund Recordation Tax
- UCIS - Incorrect ID Number
- XOVRU - UCC Overrides
- UMFC - Filing Office Correction Statement

METHOD OF PAYMENT

Cash \_\_\_\_\_ Check  Credit Card \_\_\_\_\_

Number of Checks 1

COMMENT(S):

Stamp Work Order and Customer Number HERE

STATE OF MARYLAND  
 DEPT OF ASSESSMENTS AND TAXATION  
 CUST ID: 000126076  
 WORK ORDER: 000740676  
 DATE: 05-16-2003 02:03 PM  
 AMT PAID: \$20.00

STATE OF MARYLAND  
DEPT OF ASSESSMENTS AND TAXATION  
CUST ID: 0001126078  
WORK ORDER: 0000740676  
DATE: 05-16-2003 02:03 PM  
AMT. PAID: \$20.00

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

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B. SEND ACKNOWLEDGMENT TO: (Name and Address)

The Corporation Trust Incorporated  
300 E. Lombard Street, Suite 1400  
Baltimore, Maryland 21202

ents & Taxation

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
**181003668, filed 04/19/1999**

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4.  **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects  Debtor or  Secured Party of record. Check only one of these two boxes.  
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

**CHANGE name and/or address:** Please refer to the detailed instructions in regards to changing the name/address of a party.  **DELETE name:** Give record name to be deleted in item 6a or 6b.  **ADD name:** Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

**6. CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME  
**SBA Towers, Inc.**

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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**7. CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE
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**8. AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

**9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME  
**Lehman Commercial Paper, Inc., as Administrative Agent**

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA  
**032375/0326**

**5950724 50-44**