

1.) CORPORATION NAME:

**SBA Structures, Inc.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC  
4445 CORPORATION LANE 2ND FL  
VIRGINIA BEACH, VA**

SCC ID NO: **F1718719**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5900 BROKEN SOUND PKWY NW

CITY/ST/ZIP: BOCA RATON, FL 33487

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFFREY A STOOPS	
TITLE:	CEO/PRES	
ADDRESS:	5900 BROKEN SOUND PKWY NW	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LAWRENCE HARRIS	
TITLE:	VICE PRESIDENT	
ADDRESS:	5900 BROKEN SOUND PARKWAY, NW	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRIAN LAZARUS	
TITLE:	VICE PRESIDENT	
ADDRESS:	5900 BROKEN SOUND PARKWAY, NW	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NEIL SEIDMAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	5900 BROKEN SOUND PARKWAY, NW	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS P HUNT	
TITLE:	SVP/SEC/GEN CNS	
ADDRESS:	5900 BROKEN SOUND PKWY NW	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRENDAN CAVANAGH	
TITLE:	TREASURER	
ADDRESS:	5900 BROKEN SOUND PKWY NW	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK CIARFELLA SVP 5900 BROKEN SOUND PARKWAY, NW BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON SILBERSTEIN SVP 5900 BROKEN SOUND PARKWAY, NW BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THOMAS P HUNT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS P HUNT, SVP/SEC/GEN CNS PRINTED NAME AND CORPORATE TITLE	8/20/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			