

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000975

FILED
Jan 22, 2005
Secretary of State

Entity Name: NATIONAL DIRECTORY ASSISTANCE, LLC

Current Principal Place of Business:

12700 SHELBYVILLE ROAD, DANVILLE BLDG
LOUISVILLE, KY 40243

New Principal Place of Business:

Current Mailing Address:

12700 SHELBYVILLE ROAD, DANVILLE BLDG
LOUISVILLE, KY 40243

New Mailing Address:

FEI Number: 61-1389086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SPEED, THOMAS F JR
Address: 12700 SHELBYVILLE ROAD, DANVILLE BLDG
City-St-Zip: LOUISVILLE, KY 40243

Title: MGR () Delete
Name: RECHTER, DAN
Address: 6100 DUTCHMANS LANE, 10TH FLOOR
City-St-Zip: LOUISVILLE, KY 40205

Title: MGR () Delete
Name: GARNER, DAVID
Address: 11405 BLUEGRASS PARKWAY
City-St-Zip: LOUISVILLE, KY 40299

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: THOMAS F. SPEED, JR.

MGR

01/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date