


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P96000062056</b> 1. Entity Name <b>TALLAHASSEE MEMORIAL TELEPHONE COMPANY</b>	
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FILED

2008 APR 30 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1401 CENTERVILLE ROAD BOX 210 TALLAHASSEE, FL 32308</b>	Mailing Address <b>1401 CENTERVILLE ROAD BOX 210 TALLAHASSEE, FL 32308</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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04072008    Chg-P    CR2E034 (12/06)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-3395937</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>DAVIS, JUDY 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City
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**FL**    Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)    DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD O'BRYANT, MARK 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900127442579</b> <b>04/30/08--01049--020    **150.00</b>	
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	VSTD GUIDICE, WILLIAM A 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	D MCDANIEL, JERRY L 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **William A. Giudice**    **4/30/08**    **850-431-5238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #