

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000005533

1. Entity Name
CYPRESS COMMUNICATIONS OF DELAWARE, INC.



Principal Place of Business
4 PIEDMONT CENTER
SUITE 600
ATLANTA, GA 30305

Mailing Address
4 PIEDMONT CENTER
SUITE 600
ATLANTA, GA 30305

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

08 MAY -2 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04172008

Chg-P

CR2E034 (12/06)

4. FEI Number

58-2330270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHINGLER, ROBERT D	
STREET ADDRESS	15 PIEDMONT CENTER, STE. 610	
CITY - ST - ZIP	ATLANTA, GA 30305	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	DRAKE, SCOTT	
STREET ADDRESS	15 PIEDMONT CENTER, STE. 610	
CITY - ST - ZIP	ATLANTA, GA 30305	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SNIPES, DEENA	
STREET ADDRESS	15 PIEDMONT CENTER, STE. 100	
CITY - ST - ZIP	ATLANTA, GA 30305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN L. SCHILLING	
STREET ADDRESS	4 PIEDMONT CENTER, SUITE 600	
CITY - ST - ZIP	ATLANTA, GA 30305	
TITLE	V/T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT L. DRAKE	
STREET ADDRESS	4 PIEDMONT CENTER, SUITE 600	
CITY - ST - ZIP	ATLANTA, GA 30305	
TITLE	J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK HARWOOD	
STREET ADDRESS	4 PIEDMONT CENTER, SUITE 600	
CITY - ST - ZIP	ATLANTA, GA 30305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Jack Harwood

JACK HARWOOD

4/25/08

404-869-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #