2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000005533

1. Entity Name
CYPRESS COMMUNICATIONS OF DELAWARE, INC.

FILED
08 MAY -2 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

04172008 Chg-P CR2E034 (12/06)

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

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	7. Name and Address of New Registered Agent
TCS CORPORATE SERVICES, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHINGLER, ROBERT D 15 PIEDMONT CENTER, STE. 610 ATLANTA, GA 30305	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D STEPHEN L. SCHILLING 4 PIEDMONT CENTER, SUITE 600 ATLANTA, GA 30305	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO DRAKE, SCOTT 15 PIEDMONT CENTER, STE. 610 ATLANTA, GA 30305	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T/S/D SCOTT L. DRAKE 4 PIEDMONT CENTER, SUITE 600 ATLANTA, GA 30305	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SNIPES, DEENA 15 PIEDMONT CENTER, STE. 100 ATLANTA, GA 30305	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Jack Harwood 4 Piedmont Center, Suite 600 ATLANTA, GA 30305	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400128354314 05/05/08--01003--030 **288.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition pc5/6

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 #