2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# F97000003005

Entity Name: COX TELCOM PARTNERS, INC.

Current Principal Place of Business:

COX TELCOM PARTNERS, INC.
1400 LAKE HEARN DR
ATLANTA, GA 30319

New Principal Place of Business:

Current Mailing Address:

COX TELCOM PARTNERS, INC.
1400 LAKE HEARN DR / MAISTOP CP-12
ATLANTA, GA 30319

New Mailing Address:

FEI Number: 58-2132780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICES COMPANY
1201 HAYS STREET
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: ESSER, PATRICK J
Address: 1400 LAKE HEARN DRIVE
City-St-Zip: ATLANTA, GA 30319

Title: VP ( ) Delete
Name: BARNETT, PRESTON B
Address: 1400 LAKE HEARN DRIVE
City-St-Zip: ATLANTA, GA 30319

Title: T ( ) Delete
Name: COKER, SUSAN
Address: 1400 LAKE HEARN DRIVE
City-St-Zip: ATLANTA, GA 30319

Title: S ( ) Delete
Name: MERDEK, ANDREW A
Address: 1400 LAKE HEARN DRIVE
City-St-Zip: ATLANTA, GA 30319

Title: VP (X) Delete
Name: DYER, JOHN M
Address: 1400 LAKE HEARN DRIVE
City-St-Zip: ATLANTA, GA 30319

Title: PD (X) Delete
Name: ROBBINS, JAMES O
Address: 1400 LAKE HEARN DRIVE
City-St-Zip: ATLANTA, GA 30319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ESSER, PATRICK J
Address: 1400 LAKE HEARN DRIVE
City-St-Zip: ATLANTA, GA 30319

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

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

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 exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRESTON B. BARNETT VP 03/31/2008
Electronic Signature of Signing Officer or Director Date