2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# M00000001723

Entity Name: FIRST COMMUNICATIONS, LLC

Current Principal Place of Business:

3340 WEST MARKET STREET, 3RD FL
AKRON, OH 44333

New Principal Place of Business:

Current Mailing Address:

3340 WEST MARKET STREET, 3RD FL
AKRON, OH 44333

New Mailing Address:

FEI Number: 34-1870807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICES COMPANY
1201 HAYS ST
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/MANAGERS:

Title: MGR ( ) Delete
Name: HEXAMER, RAYMOND
Address: 3340 WEST MARKET STREET
City-St-Zip: AKRON, OH 44333

Title: MGR ( ) Delete
Name: MARVIN, SHARPLESS
Address: 3340 WEST MARKET STREET
City-St-Zip: AKRON, OH 44333

Title: MGR ( ) Delete
Name: JOSEPH, MORRIS R
Address: 3340 WEST MARKET STREET
City-St-Zip: AKRON, OH 44333

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: FRANK, LOMANNO
Address: 3340 WEST MARKET STREET
City-St-Zip: AKRON, OH 44333

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 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: JOSEPH R MORRIS/MARY CEGELSKI MGR 01/11/2008

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