## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M01000001773

Entity Name: AT&T COMMUNICATIONS OF THE SOUTHERN STATES, LLC

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	DNE AT&T WAY, ROOM 4A235 BEDMINSTER, NJ 07921				ONE AT&T WAY, ROOM 4A248 BEDMINSTER, NJ 07921		
Current Mailing Address:				New Mailing Address:			
ONE AT&T WAY, ROOM 4A235 BEDMINSTER, NJ 07921				ONE AT&T WAY, ROOM 4A248 BEDMINSTER, NJ 07921			
FEI Number:	: 22-3832814	FEI Number Applied For()	FEI Nun	nber Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:		Name and	l Address of	f New Registered Agent:	
1200 SOU PLANTATI The above	PORATION SYSTH PINE ISLANION, FL 33324 Inamed entity second of Florida.	ND ROAD US	ourpose o	f changing i	its registered	d office or registered agent, or both	
SIGNATUF							
	Electron	ic Signature of Registered Age	ent			Date	
MANAGING I	MEMBERS/MANA	GERS:		ADDITIONS/	CHANGES:		
Title: Name: Address: City-St-Zip:	VP () WEITZ, LEONA ONE AT&T WA' BEDMINSTER,	(		Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AS () SINTON, RICHA ONE AT&T WAY BEDMINSTER,	/ ROOM 4A209		Title: Name: Address: City-St-Zip:	AS SINTON, RIC ONE AT&T W BEDMINSTE	VAY	
Title: Name: Address: City-St-Zip:	T () ALLEN, CHARL 175 E HOUSTO SAN ANTONIO,	N ST		Title: Name: Address: City-St-Zip:	T ALLEN, CHAI 208 S AKARI DALLAS, TX	D STREET	
Title: Name: Address: City-St-Zip:	CFO () DIONNE, JAME ONE AT&T WA' BEDMINSTER,	(		Title: Name: Address: City-St-Zip:	1	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AT () CLEMENS, THO 175 E HOUSTO SAN ANTONIO,	N ST		Title: Name: Address: City-St-Zip:	AT CLEMENS, T 208 S AKARI DALLAS, TX	D STREET	
Title: Name: Address: City-St-Zip:	AS () EPPSTEIINER, 675 W PEACHT ATLANTA, GA	REE ST NW		Title: Name: Address: City-St-Zip:	DIORIO, KAF	VAY, ROOM 4A248	

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: KAREN DIORIO AS 04/09/2009