## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M02000000190

Entity Name: TELEREP, L.L.C.

Address:

City-St-Zip:

FILED Mar 06, 2009 Secretary of State

6205 PEACHTREE DUNWOODY ROAD

| Current P                                   | rincipal Place                                   | e of Business:                | New Princ                                   | New Principal Place of Business:          |                                      |    |  |
|---|--|-------------------------------|---|---|--------------------------------------|----|--|
|   | CHTREE DUN<br>, GA 30328                         | IWOODY RD                     |   |   |                                      |    |  |
| Current M                                   | lailing Addre                                    | ss:                           | New Maili                                   | New Mailing Address:                      |                                      |    |  |
| ATTN: CO                                    | CHTREE DUN<br>RP TAX DEP<br>GA 30328             | IWOODY RD<br>T- 12TH FLOOR    |   |   |                                      |    |  |
| FEI Number:                                 | Number: 13-3614548 FEI Number Applied For ( ) FE |                               | FEI Number Not App                          | licable ( )                               | Certificate of Status Desired ( )    |    |  |
| Name and                                    | Address of (                                     | Current Registered Agent      | Name and                                    | Name and Address of New Registered Agent: |                                      |    |  |
| 1201 HAYS                                   |  | CE COMPANY<br>012525 US       |   |   |                                      |    |  |
|   | named entity<br>of Florida.                      | submits this statement for tl | ne purpose of changing                      | its registere                             | ed office or registered agent, or bo | th |  |
| SIGNATU                                     | RE:  |                               |   |   |                                      |    |  |
|   | Electro  | nic Signature of Registered   | Agent                                       |   | Date                                 |    |  |
| MANAGING                                    | MEMBERS/MAN                                      | AGERS:                        | ADDITIONS/                                  | ADDITIONS/CHANGES:                        |                                      |    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | COX SALESRI                                      | REE DUNWOODY RD               | Title:<br>Name:<br>Address:<br>City-St-Zip: |   | () Change () Addition                |    |  |
| Title:                                      | (  | ) Delete                      | Title:                                      | VP<br>EDIEDMAN                            | ( ) Change (X) Addition              |    |  |

Address:

City-St-Zip: ATLANTA, GA 30328

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: MARIA FRIEDMAN VP 03/06/2009