2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# M02000001284

Entity Name: AGL NETWORKS, LLC

Current Principal Place of Business:

TEN PEACHTREE PLACE
ATLANTA, GA 30309

New Principal Place of Business:

Current Mailing Address:

TEN PEACHTREE PLACE
LOCATION 1466
ATLANTA, GA 30309

New Mailing Address:

FEI Number: 58-2567531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	P	( ) Delete
Name:	EVANS, ANDREW W	
Address:	TEN PEACHTREE PLACE	
City-St-Zip:	ATLANTA, GA 30309	
Title:	EVP	( ) Delete
Name:	FEHL, RICHARD	
Address:	TEN PEACHTREE PLACE	
City-St-Zip:	ATLANTA, GA 30309	
Title:	EVP	( ) Delete
Name:	SHLANTA, PAUL R	
Address:	TEN PEACHTREE PLACE	
City-St-Zip:	ATLANTA, GA 30309	
Title:	TR	( ) Delete
Name:	STOVERN, BRETT A	
Address:	TEN PEACHTREE PLACE	
City-St-Zip:	ATLANTA, GA 30309	
Title:	S	( ) Delete
Name:	BIERRIA, MYRA C	
Address:	TEN PEACHTREE PLACE	
City-St-Zip:	ATLANTA, GA 30309	
Title:	AS S	( ) Delete
Name:	ANTHONY, PAMELA J	
Address:	TEN PEACHTREE PLACE	
City-St-Zip:	ATLANTA, GA 30309	

ADDITIONS/CHANGES:

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:	
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: PAMELA J. ANTHONY ASST 01/03/2008

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