

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001692

FILED
Apr 27, 2008
Secretary of State

Entity Name: TENNESSEE TELEPHONE SERVICE, LLC

Current Principal Place of Business:

201 SKYLINE DRIVE
DICKSON, TN 37055

New Principal Place of Business:

220 CREEKSIDE DR
DICKSON, TN 37055

Current Mailing Address:

201 SKYLINE DRIVE
DICKSON, TN 37055

New Mailing Address:

5909 NW EXPRESSWAY, SUITE 101
OKLAHOMA CITY, OK 73132

FEI Number: 62-1810922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, EDWIN F
810 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 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: HOWARD, BART W
Address: 201 SKYLINE DRIVE
City-St-Zip: DICKSON, TN 37055

Title: COO () Delete
Name: CAUTHERN, JANICE
Address: 1945 ABIFF ROAD
City-St-Zip: BURNS, TN 37029

Title: CEO () Delete
Name: DAVIS, MATT
Address: 1201 ALFEKO DR
City-St-Zip: NASHVILLE, TN 37205

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOWARD, BART W
Address: 220 CREEKSIDE DR
City-St-Zip: DICKSON, TN 37055

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: HOWARD BART

MGR

04/27/2008

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