

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001692

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** TENNESSEE TELEPHONE SERVICE, LLC

**Current Principal Place of Business:**

220 CREEKSIDE DR  
DICKSON, TN 37055

**New Principal Place of Business:**

**Current Mailing Address:**

5909 NW EXPRESSWAY, SUITE 101  
OKLAHOMA CITY, OK 73132

**New Mailing Address:**

**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: 220 CREEKSIDE DR  
City-St-Zip: DICKSON, TN 37055

Title: COO (X) 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: ( ) 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: MATT DAVIS

CEO

04/24/2009

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