2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# M05000001041

Entity Name: TOUCHSTONE COMMUNICATIONS-II, LLC

Current Principal Place of Business:

1109 CHEEK SPARGER
SUITE 100
COLLEYVILLE, TX 76034

New Principal Place of Business:

Current Mailing Address:

1109 CHEEK SPARGER
SUITE 100
COLLEYVILLE, TX 76034

New Mailing Address:

FEI Number: 06-1732710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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:	MEYER, MICHAEL DEAN	
Address:	1109 CHEEK SPARGER	
City-St-Zip:	COLLEYVILLE, TX 76034	
Title:	SCEO	( ) Delete
Name:	SLONE, THOMAS R	
Address:	1109 CHEEK SPARGER	
City-St-Zip:	COLLEYVILLE, TX 76034	
Title:	D	(X) Delete
Name:	ASLAM, FARUKH	
Address:	EVACUEE TRUST COMPLEX SIR AGHA RD F-51	
City-St-Zip:	ISLAMABAD PAKISTAN,	

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: TOM SLONE CEO 04/23/2008

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