2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002659

STAMFORD,, CT 06905

City-St-Zip:

Entity Name: FRONTIER COMMUNICATIONS OF THE SOUTH, LLC

FILED Mar 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3 HIGH RIDGE PARK STAMFORD, CT 06905 **Current Mailing Address: New Mailing Address:** 3 HIGH RIDGE PARK STAMFORD, CT 06905 FEI Number: 63-0254712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: Title: MGR () Delete (X) Change () Addition MCCARTHY, DANIEL MCCARTHY, DANIEL J Name: Name: 3 HIGH RIDGE PARK Address: 3 HIGH RIDGE PARK Address: City-St-Zip: STAMFORD, CT 06905 City-St-Zip: STAMFORD, CT 06905 Title: MGR () Delete Title: MGR (X) Change () Addition ARMOUR, DONALD Name: WHITEHOUSE, DAVID R Name: Address: 3 HIGH RIDGE PARK Address: 3 HIGH RIDGE PARK City-St-Zip: STAMFORD, CT 06905 City-St-Zip: STAMFORD, CT 06905 Title: MGR () Delete Title: MGR (X) Change () Addition LARSON, ROBERT LARSON, ROBERT J Name: Name: Address: 3 HIGH RIDGE PARK Address: 3 HIGH RIDGE PARK City-St-Zip: STAMFORD, CT 06905 City-St-Zip: STAMFORD, CT 06905 Title: MGR () Delete Title: MGR (X) Change () Addition Name: SHASSIAN, DONALD Name: SHASSIAN, DONALD R Address: 3 HIGH RIDGE PARK Address: 3 HIGH RIDGE PARK City-St-Zip: STAMFORD, CT 06905 City-St-Zip: STAMFORD, CT 06905 Title: MGR () Delete Title: (X) Change () Addition GLASSMAN, HILARY GLASSMAN, HILARY E Name: Name: 3 HIGH RIDGE PARK 3 HIGH RIDGE PARK Address: Address: City-St-Zip: STAMFORD,, CT 06905 City-St-Zip: STAMFORD,, CT 06905 Title: () Delete Title: () Change () Addition WILDEROTTER, MARY AGNES Name: Name: Address: 3 HIGH RIDGE PARK Address:

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.

City-St-Zip:

SIGNATURE: ROBERT J. LARSON MGR 03/27/2008