

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000800

FILED
Apr 28, 2005
Secretary of State

Entity Name: AFL NETWORK SERVICES-SOUTHEAST, L.L.C.

Current Principal Place of Business:

3857 GRAY FOX RD
MONROE, NC 28110

New Principal Place of Business:

Current Mailing Address:

ATTN: SALES TAX DIVISION
P.O. BOX 7050
PITTSBURGH, PA 15212

New Mailing Address:

FEI Number: 56-2026851 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/MEMBERS:

Title: MGR () Delete
Name: LARENCE, FRANK M
Address: 830 CRESCENT CENTRE DR 600
City-St-Zip: FRANKLIN, TN 37067

Title: MGR () Delete
Name: PHILLIPS, RICHARD
Address: 830 DRESCENT CENTRE DR 600
City-St-Zip: FRANKLIN, TN 37067

Title: MGR () Delete
Name: CAPONI, J.A.
Address: 201 ISABELLA STREET
City-St-Zip: PITTSBURGH, PA

Title: S () Delete
Name: YURA, D.A.
Address: 201 ISABELLA ST.
City-St-Zip: PITTSBURGH, PA 15212

Title: T () Delete
Name: SCHRECKER, JUDITH
Address: 8550 W, BRYN MAWR AVENUE
City-St-Zip: CHICAGO, IL 60631

Title: MGR () Delete
Name: CERASUOLO, JOHN F
Address: 830 CRESCENT CENTRE DR 600
City-St-Zip: FRANKLIN, TN 37067

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CAPONI, J.A.
Address: 201 ISABELLA STREET
City-St-Zip: PITTSBURGH, PA

Title: MGRM (X) Change () Addition
Name: YURA, D.A.
Address: 201 ISABELLA ST.
City-St-Zip: PITTSBURGH, PA 15212

Title: MGRM (X) Change () Addition
Name: SCHRECKER, JUDITH
Address: 8550 W, BRYN MAWR AVENUE
City-St-Zip: CHICAGO, IL 60631

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANA J COLON

TAX

04/28/2005

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