2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02386

FILED Jul 15, 2009 Secretary of State

Entity Name: IDEARC MEDIA SALES - WEST INC

	iei ibb/iico	WIEDIN CONCEED WEED'I INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	RFIELD DRIV DRT WORTH	E AIRPORT, TX 752619810 US			
Current Mailing Address:			New Maili	New Mailing Address:	
	RFIELD DR.,	P.O. BOX 619810 AIRPORT, TX 75261 US			
FEI Number:	36-3254411	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
1200 S. PIN PLANTATION The above		OAD 4 US	urpose of changing i	its registered office or registered agent, or both,	
in the State					
SIGNATUR		nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SAMUEL 2200 WEST AI) Delete RFIELD DRIVE, P.O. BX 619810 D r, TX 75261 US	Title: Name: Address: City-St-Zip:	V (X) Change () Addition JONES, SAMUEL 2200 WEST AIRFIELD DRIVE, P.O. BX 619810 D DFW AIRPORT, TX 75261 US	
Title: Name: Address: City-St-Zip:	SANDRA L 2200 W AIRFIE) Delete ELD DRIVE DALLAS/FORT WORTH AI r, TX 752619810 US	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HENJUM, SANDRA L 2200 W AIRFIELD DRIVE DALLAS/FORT WORTH AI DFW AIRPORT, TX 752619810 US	
Title: Name: Address: City-St-Zip:	CLIFF E 2200 W AIRFIE) Delete ELD DRIVE DALLAS/FORT WORTH AI I, TX 752619810 US	Title: Name: Address: City-St-Zip:	V (X) Change () Addition WILSON, CLIFF E 2200 W AIRFIELD DRIVE DALLAS/FORT WORTH AI DFW AIRPORT, TX 752619810 US	
Title: Name: Address: City-St-Zip:	PAWLOWSKÌ, 2200 W AIRFIE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILBANKS, Co 2200 W AIRFIE		Title: Name: Address: S City-St-Zip:	()Change ()Addition	

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CODY WILBANKS, SECRETARY S 07/15/2009