


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90036 048 ***150.00

DOCUMENT # F03000005611 1. Entity Name FAIRPOINT BROADBAND, INC.					
Principal Place of Business 521 E. MOREHEAD STREET, SUITE 250 CHARLOTTE, NC 28202		Mailing Address P.O. BOX 199 DODGE CITY, KA 67801			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 58-2256315	
City & State Zip		City & State Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	COO NIXON, PETER G 521 E. MOREHEAD STREET, SUITE 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V HOOD, LISA R 908 W FRONTVIEW DODGE CITY, KA 67801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	COO Hood, Lisa R. 908 W. Frontview Dodge City, KS 67801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LINN, SHIRLEY J 521 E. MOREHEAD STREET, SUITE 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Exec VP/Sec Gen. Counsel Linn, Shirley J. 521 E. Morehead, STE 250 Charlotte, NC 28202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T GRIFFIN, THOMAS E 521 E. MOREHEAD STREET, SUITE 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO JOHNSON, EUGENE B 521 E. MOREHEAD STREET, SUITE 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS SOWELL, SUSAN L 521 E. MOREHEAD STE 250 CHARLOTTE, NC 28202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP/ASSIST SEC/ASSIST Gen Counsel Sowell, Susan L. 521 E. Morehead, STE 250 Charlotte, NC 28202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lisa R. Hood</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/19/07</u> Daytime Phone #: <u>620-227-4400</u>		

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