


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90044 028 ***150.00

DOCUMENT # F03000005611

1. Entity Name
FAIRPOINT BROADBAND, INC.



40046023

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.

02202008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number: **58-2256315**

Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: COO	<input type="checkbox"/> Delete	TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NIXON, PETER G		NAME:	
STREET ADDRESS: 521 E. MOREHEAD STREET, SUITE 250 CHARLOTTE, NC 28202		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: COO	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOOD, LISA R		NAME:	
STREET ADDRESS: 908 W FRONTVIEW DODGE CITY, KA 67801		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: VSGC	<input type="checkbox"/> Delete	TITLE: EVPSGC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LINN, SHIRLEY J		NAME:	
STREET ADDRESS: 521 E. MOREHEAD STREET, SUITE 250 CHARLOTTE, NC 28202		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: T	<input type="checkbox"/> Delete	TITLE: EVPSFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRIFFIN, THOMAS E		NAME: John P Crowley	
STREET ADDRESS: 521 E. MOREHEAD STREET, SUITE 250 CHARLOTTE, NC 28202		STREET ADDRESS: 521 E Morehead, STE 250 Charlotte, NC 28202	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: CEO	<input type="checkbox"/> Delete	TITLE: CCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSON, EUGENE B		NAME:	
STREET ADDRESS: 521 E. MOREHEAD STREET, SUITE 250 CHARLOTTE, NC 28202		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: VAS	<input type="checkbox"/> Delete	TITLE: VPASAGC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SOWELL, SUSAN L		NAME:	
STREET ADDRESS: 521 E. MOREHEAD STE 250 CHARLOTTE, NC 28202		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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: Lisa R. Hood Date: 3/3/08 Daytime Phone #: 620.227.4400