

APPROVE AND FILED 10/2

01 AUG 17 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2001 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> M0000000 2052					
1. Entity Name Orlando CGSA, LLC					
Principal Place of Business			Mailing Address		
2. Principal Place of Business 5565 Glenridge Connector			3. Mailing Address 5565 Glenridge Connector		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 1700		
City & State Atlanta, GA			City & State Atlanta, GA		4. FEI Number 58-1555820
Zip 30342	Country	Zip 30342	Country	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
The Prentice Hall Corporation System, Inc. 1201 Hays Street Tallahassee, FL 32301			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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>FILE NOW!!! FEE IS \$60.00</b>  <small>Make Check Payable to Department of State</small> </div>					
9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BellSouth Mobility LLC Sole Member 5565 Glenridge Connector Atlanta, GA 30342	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004539617	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.					
SIGNATURE: <i>Elizabeth A. Mussell</i>			Elizabeth A. Mussell, Auth. Rep.		
			08/15/01		404/236-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #					

CR2E083 (11/00)

*UB*  
8-17-01

2012



ACCOUNT NO. : 072100000032

REFERENCE : 429056 4386365

AUTHORIZATION :

*Patricia Pizoto*

COST LIMIT : \$ 50.00

ORDER DATE : August 16, 2001

ORDER TIME : 9:02 AM

ORDER NO. : 429056-030

CUSTOMER NO: 4386365

CUSTOMER: Ms. Elizabeth Mussell  
Cingular Wireless  
5565 Glenridge Connector  
Suite 1700  
Atlanta, GA 30342

ANNUAL REPORT FILING

NAME: ORLANDO CGSA, LLC

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2001 AUG 17 AM 9:42

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: \_\_\_\_\_