

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 857119 (2)  
1. Corporation Name  
BELLSOUTH ADVERTISING & PUBLISHING CORPORATION



Principal Place of Business Mailing Address  
59 EXECUTIVE PARK SOUTH 59 EXECUTIVE PARK SOUTH  
SUITE 430 SUITE 430  
ATLANTA GA 30329 ATLANTA GA 30329-2208  
US US

3. Date Incorporated or Qualified 07/15/1983 3a. Date of Last Report 02/09/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 51-0270774	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to register agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PEROZZI, DONALD J. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	59 EXEC. PK. DR. SOUTH	1.2 NAME	
STREET ADDRESS	ATLANTA GA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V CANNON, BILLY T. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	59 EXEC. PK. DR. SOUTH	2.2 NAME	
STREET ADDRESS	ATLANTA GA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V NMANSSELL, BARRY E. <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	59 EXECUTIVE PARK S	3.2 NAME	Mansell, Barry E.
STREET ADDRESS	ATLANTA GA	3.3 STREET ADDRESS	59 Exec. Pk. Dr. South
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VS THOMPSON, DANIEL J JR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	59 EXEC. PK. DR. SOUTH	4.2 NAME	
STREET ADDRESS	ATLANTA GA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V DETLEFS, SUZANNE H <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	59 EXECUTIVE PARK SOUTH	5.2 NAME	
STREET ADDRESS	ATLANTA GA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VPCF LEMOND, G. FRANK <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	59 EXECUTIVE PARK SOUTH	6.2 NAME	
STREET ADDRESS	ATLANTA GA	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JRE:

Daniel J. Thompson, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97

Date

(404)982-7275

Daytime Phone

0012000

CR2E034 (9/96)