

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90067 004 ***150.00

DOCUMENT # 857119

1. Corporation Name

BELLSOUTH ADVERTISING & PUBLISHING CORPORATION

Principal Place of Business

59 EXECUTIVE PARK SOUTH
SUITE 430
ATLANTA GA 30329
US

Mailing Address

59 EXECUTIVE PARK SOUTH
SUITE 430
ATLANTA GA 30329
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1983

4. FEI Number

51-0270774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME DETLEFS, SUZANNE H
STREET ADDRESS 59 EXEC. PK. DR. SOUTH
CITY-ST-ZIP ATLANTA GA 30329

TITLE V ☐ DELETE
NAME RUF, ELIZABETH H
STREET ADDRESS 59 EXEC. PK. DR. SOUTH
CITY-ST-ZIP ATLANTA GA 30329

TITLE V ☐ DELETE
NAME FRIESON, RONALD E
STREET ADDRESS 59 EXEC PK DR S
CITY-ST-ZIP ATLANTA GA 30329

TITLE C ☒ DELETE
NAME PEROZZI, MARK E
STREET ADDRESS 59 EXEC. PK. DR. SOUTH
CITY-ST-ZIP ATLANTA GA 30329

TITLE D ☐ DELETE
NAME DROEGE, MARK E
STREET ADDRESS 1155 PEACHTREE ST, N.E.
CITY-ST-ZIP ATLANTA GA 30367

TITLE VPCF ☐ DELETE
NAME LEMOND, G. FRANK
STREET ADDRESS 59 EXECUTIVE PARK SOUTH
CITY-ST-ZIP ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE V,S ☒ Change ☐ Addition
4.2 NAME Thompson, Jr., Daniel J.
4.3 STREET ADDRESS 59 Executive Park South
4.4 CITY-ST-ZIP Atlanta, GA 30329

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

404.982-7275

Date

Daytime Phone #

CR2E034 (1/98)