

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90034 019 ***150.00

DOCUMENT # 857119

1. Entity Name

BELLSOUTH ADVERTISING & PUBLISHING CORPORATION

Principal Place of Business

Mailing Address

59 EXECUTIVE PARK SOUTH
 SUITE 430
 ATLANTA GA 30329
 US

59 EXECUTIVE PARK SOUTH
 SUITE 430
 ATLANTA GA 30329-2208
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0270774

Applied For

Not Applied

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DETLEFS, SUZANNE H	
STREET ADDRESS	59 EXEC. PK. DR. SOUTH	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUF, ELIZABETH H	
STREET ADDRESS	59 EXEC. PK. DR. SOUTH	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRIESON, RONALD E	
STREET ADDRESS	59 EXEC PK DR S	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	VS	<input type="checkbox"/> Delete
NAME	THOMPSON JR, DANIEL J	
STREET ADDRESS	59 EXEC. PK. DR. SOUTH	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	D	<input type="checkbox"/> Delete
NAME	DROEGE, MARK E	
STREET ADDRESS	1155 PEACHTREE ST, N.E.	
CITY-ST-ZIP	ATLANTA GA 30367	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	LEMOND, G. FRANK	
STREET ADDRESS	59 EXECUTIVE PARK SOUTH	
CITY-ST-ZIP	ATLANTA GA	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	John G. Robinson	
STREET ADDRESS	59 Executive Park South	
CITY-ST-ZIP	Atlanta, GA 30329	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Jerry Cheadle	
STREET ADDRESS	59 Executive Park South	
CITY-ST-ZIP	Atlanta, GA 30329	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 1, 2000

404.982.7275

Date

Daytime Phone #