## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Feb 11, 2000 8:00 am Secretary of State **DOCUMENT #857119** 02-11-2000 90034 019 \*\*\*150.00 BELLSOUTH ADVERTISING & PUBLISHING CORPORATION Mailing Address Principal Place of Business 59 EXCUTIVE PARK SOUTH 59 EXCEUTIVE PARK SOUTH SUITE 430 SUITE 430 ATLANTA GA 30329-2208 ATLANTA GA 30329 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 51-0270774 Not Aug II. Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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. SELVICE WHAT EATTVICED EC SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Election Campaign Financing \$5.00 May After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. X Change TITLE ☐ Delete TITLE NAME John G. Robinson NAME DETLEFS, SUZANNE H STREET ADDRESS STREET ADDRESS 59 EXEC. PK. DR. SOUTH 59 Executive Park South CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30329 Atlanta, GA 30329 Change ☐ Delete TITLE TITLE NAME RUF, ELIZABETH H MAME STREET ADDRESS STREET ADDRESS 59 EXEC. PK. DR. SOUTH CITY-ST-7IP CITY-ST-ZIP ATLANTA GA 30329 $\Box$ (X) Change TITLE ☐ Defete TITLE V FRIESON, RONALD E NAME NAME Jerry Cheadle STREET ADDRESS STREET ADDRESS 59 EXEC PK DR S 59 Executive Park South CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30329 Atlanta, GA 30329 ☐ Change $\Box$ ٧S ☐ Delete TITLE TITLE THOMPSON JR, DANIEL J NAME NAME STREET ADDRESS STREET ADDRESS 59 EXEC. PK. DR. SOUTH CITY-ST-ZIP CITY-ST-ZIP atlanta ga 30329 TITLE ☐ Delete TITLE ☐ Change

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 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 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

DROEGE, MARK E

ATLANTA GA 30367

LEMOND, G. FRANK

ATLANTA GA

1155 PEACHTREE ST. N.E.

59 EXECUTIVE PARK SOUTH

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATOR OFFICER OR DIRECTOR

☐ Delete

February 1, 2000

Date

404.982.7.275

Daytime Phone #

☐ Change

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