

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90215 011 \*\*\*150.00

**DOCUMENT # 857119**

1. Entity Name  
**BELLSOUTH ADVERTISING & PUBLISHING CORPORATION**

Principal Place of Business <b>59 EXECUTIVE PARK SOUTH SUITE 430 ATLANTA GA 30329 US</b>	Mailing Address <b>59 EXECUTIVE PARK SOUTH SUITE 430 ATLANTA GA 30329 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>51-0270774</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>John G. Robinson</b>	
STREET ADDRESS <b>59 Executive Park South</b>	
CITY-ST-ZIP <b>Atlanta, GA 30329</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Donald J. Perozzi</b>	
STREET ADDRESS <b>59 Executive Park South</b>	
CITY-ST-ZIP <b>Atlanta, GA 30329</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Jerry Cheadle</b>	
STREET ADDRESS <b>59 Executive Park South</b>	
CITY-ST-ZIP <b>Atlanta, GA 30329</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Michael L. Wolf</b>	
STREET ADDRESS <b>675 W. Peachtree St., NW</b>	
CITY-ST-ZIP <b>Atlanta, GA 30375</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *D Thompson* **Daniel J. Thompson, Jr.** **March 26, 2001** **404-982-7275**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)