

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857119

FILED
Mar 24, 2009
Secretary of State

Entity Name: BELLSOUTH ADVERTISING & PUBLISHING CORPORATION

Current Principal Place of Business:

2247 NORTHLAKE PARKWAY
TENTH FLOOR
TUCKER, GA 30084 US

New Principal Place of Business:

Current Mailing Address:

ONE AT&T CENTER
3600
SAINT LOUIS, MO 63101 US

New Mailing Address:

FEI Number: 51-0270774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JULES, FRANK
Address: ONE AT&T CENTER,
City-St-Zip: SAINT LOUIS, MO 63101 US

Title: VP () Delete
Name: DIMMITT, STEVE
Address: 2247 NORTHLAKE PARKWAY
City-St-Zip: TUCKER, GA 30084 US

Title: VPCS () Delete
Name: LEGG, LINDA S
Address: 1 AT&T CENTER
City-St-Zip: SAINT LOUIS, MO 63101 US

Title: VP () Delete
Name: LEGG, LINDA S
Address: ONE AT&T CENTER
City-St-Zip: SAINT LOUIS, MO 63101 US

Title: VP () Delete
Name: FURR, GERALD M
Address: 2247 NORTHLAKE PARKWAY
City-St-Zip: TUCKER, GA 30084 US

Title: VP () Delete
Name: ARNOLD, HENRY
Address: ONE AT&T CENTER
City-St-Zip: SAINT LOUIS, MO 63101 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SRVP (X) Change () Addition
Name: MCASTLE, GREG
Address: 2247 NORTHLAKE PARKWAY
City-St-Zip: TUCKER, GA 30084 US

Title: VP (X) Change () Addition
Name: MEINEKE, GREG
Address: 2247 NORTHLAKE PARKWAY
City-St-Zip: TUCKER, GA 30084 US

Title: ASST (X) Change () Addition
Name: BELL, DONNA
Address: ONE AT&T CENTER
City-St-Zip: SAINT LOUIS, MO 63101 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA BELL - ASST SECRETARY

OFF

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date