

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32646**

1. Entity Name

~~BELLSOUTH WIRELESS DATA, L.P.~~

*Cingular Interactive, L.P.*

**FILED**

Principal Place of Business

Mailing Address

10 WOODBRIDGE CENTER DRIVE  
WOODBRIDGE NJ 07095

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WOODBRIDGE NJ 07095

**01 MAY -8 AM 11:53**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**22-3146753**

Applied For

Not Applicable

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

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156-0000

Name

*Corporate Service Company*

Street Address (P.O. Box Number is Not Acceptable)

*1201 Hays St.*

City

*Tallahassee*

FL

Zip Code

*32301*

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.

*See attached Certificate of  
Amendment filed in FL 2/12/01*

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$12,031,675.00**

10. Amount of Capital Contributions  
in FLORIDA to date

**\$15,041,357.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M00000002062**  
NAME **RAM COMMUNICATIONS GROUP, LLC**  
STREET ADDRESS **1100 PEACTREE STREET, SUITE 1000**  
CITY-ST-ZIP **ATLANTA GA 30309**

STREET ADDRESS

*5565 Glenridge Connector*

CITY-ST-ZIP

*Atlanta, GA 30343*

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Michael W. White*  
Michael W. White, Assistant Vice President

**2/14/01**

Date

**732-602-5500**

Daytime Phone #