


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90002 047 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                            |                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F00000007051</b><br>1. Entity Name<br><b>BELLSOUTH AFFILIATE SERVICES CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            |                                                                                            |                                                                                                                                                                                        |                                                                                                                 |  |
| Principal Place of Business<br><b>1155 PEACHTREE STREET, SITE 1800<br/>SUITE 1800<br/>ATLANTA, GA 30309-3610</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                            |                                                                                            | Mailing Address<br><b>1155 PEACHTREE STREET, SITE 1800<br/>SUITE 1800<br/>ATLANTA, GA 30309-3610</b>                                                                                   |                                                                                                                                                                                                  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                            | 3. Mailing Address                                                                         |                                                                                                                                                                                        |                                                                                                                                                                                                  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            | Suite, Apt. #, etc.                                                                        |                                                                                                                                                                                        |                                                                                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                            | City & State                                                                               |                                                                                                                                                                                        |                                                                                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                                                    | Zip                                                                                        | Country                                                                                                                                                                                |                                                                                                                                                                                                  |  |
| 4. FEI Number<br><b>58-2425071</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            |                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                 |                                                                                                                                                                                                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                            |                                                                                            | <b>\$8.75</b> Additional Fee Required                                                                                                                                                  |                                                                                                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                            |                                                                                            | 7. Name and Address of New Registered Agent                                                                                                                                            |                                                                                                                                                                                                  |  |
| <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                            |                                                                                            | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                                                                                                                  |  |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                            |                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                            |                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                                                                        |                                                                                                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                            |                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                  |                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P</b><br><b>MARTINEZ, EDWARD</b><br><b>STE 6010 250 WILLIAMS ST</b><br><b>ATLANTA, GA 30303</b> <input type="checkbox"/> Delete                         |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VS</b><br><b>JOHNSON, FREDERICK W</b><br><b>675 W. PEACHTREE STREET, SUITE 4300</b><br><b>ATLANTA, GA 30375</b> <input type="checkbox"/> Delete         |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <b>V/S/GC</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>T</b><br><b>HARTY, LINDA S</b><br><b>1155 PEACHTREE STREET NE SUITE 2006</b><br><b>ATLANTA, GA 303093610</b> <input checked="" type="checkbox"/> Delete |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <b>D/EVP/T</b><br><b>Lynn Wentworth</b><br><b>1155 Peachtree Street, NE, #2006</b><br><b>Atlanta, GA 30309-3610</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>HARTY, LINDA</b><br><b>SUITE 2006 1155 PEACHTREE STREET</b><br><b>ATLANTA, GA 303093610</b> <input checked="" type="checkbox"/> Delete      |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>AS</b><br><b>IRVINE, JOYCE C</b><br><b>1155 PEACHTREE STREET NE SUITE 1800</b><br><b>ATLANTA, GA 303093610</b> <input type="checkbox"/> Delete          |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                                            |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                                                            |                                                                                            |                                                                                                                                                                                        |                                                                                                                                                                                                  |  |
| <b>SIGNATURE:</b> <i>Joyce Clower Irvine</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |                                                                                            | <b>3/19/04</b> (404) 249-4450<br><small>Date Daytime Phone #</small>                                                                                                                   |                                                                                                                                                                                                  |  |

Joyce Clower Irvine, Assistant Secretary