


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90028 012 ***150.00

DOCUMENT # F00000007051 1. Entity Name BELLSOUTH AFFILIATE SERVICES CORPORATION					
Principal Place of Business 250 WILLIAMS ST SUITE 6010 ATLANTA, GA 30303			Mailing Address 1155 PEACHTREE STREET, SITE 1800 SUITE 1800 ATLANTA, GA 30309-3610		
2. Principal Place of Business - No P.O. Box # State Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2425071	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, EDWARD STE 6010 250 WILLIAMS ST ATLANTA, GA 30303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC JOHNSON, FREDERICK W 675 W. PEACHTREE STREET, SUITE 4300 ATLANTA, GA 30375	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT DROEGE, MARK E 1155 PEACHTREE STREET, NE #1703 ATLANTA, GA 303093610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS IRVINE, JOYCE C 1155 PEACHTREE STREET NE SUITE 1800 ATLANTA, GA 303093610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jonathan P. Klug 175 E. Houston Street, Suite 7-A-50 San Antonio, TX 78205-2233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jonathan P. Klug 175 E. Houston Street, Suite 7-A-50 San Antonio, TX 78205-2233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u>Joyce Clower Irvine</u> 1/19/07 (404) 249-4450 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Joyce Clower Irvine, Assistant Secretary					