

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002026 (1)**

1. Corporation Name
BELLSOUTH INTERACTIVE MEDIA SERVICES, INC.



Principal Place of Business: 1155 PEACHTREE STREET, N.E. SUITE 1800 ATLANTA GA 30309-3610
Mailing Address: 1155 PEACHTREE STREET, N.E. SUITE 1800 ATLANTA GA 30309-3610

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 04/26/1995
3a. Date of Last Report
4. FEI Number: 58-2095854
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Typed name of registered agent and date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GADD, JAMES R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100 ABERNATHY ROAD, STE 414	1.2 NAME	
STREET ADDRESS	ATLANTA GA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V RAWLS II, THOMPSON T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100 ABERNATHY ROAD, STE 414	2.2 NAME	
STREET ADDRESS	ATLANTA GA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S MATZ, WILLIAM R	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100 ABERNATHY ROAD, STE 414	3.2 NAME	
STREET ADDRESS	ATLANTA GA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T WALTON, GARY L	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1155 PEACHTREE STREET, N.E., STE 1800	4.2 NAME	
STREET ADDRESS	ATLANTA GA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CD REDDERSEN, WILLIAM F	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100 ABERNATHY ROAD, STE 414	5.2 NAME	
STREET ADDRESS	ATLANTA GA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Joyce Clower Irvine
STREET ADDRESS		6.3 STREET ADDRESS	Suite 1800, 1155 Peachtree St., NE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Atlanta, GA 30309-3610

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joyce Clower Irvine* 4/9/96 (404) 249-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)