


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/26/1995</b>	
21	26	4. FEI Number <b>58-2095854</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	28	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	25	29	30		
Zip		Country			

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET, STE 105</b> <b>TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85 Zip Code	
					<b>FL</b>		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAWLS II, THOMPSON T			1.2 NAME			
STREET ADDRESS	1100 ABERNATHY ROAD, STE 414			1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MATZ, WILLIAM R			2.2 NAME			
STREET ADDRESS	1100 ABERNATHY ROAD, STE 414			2.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WALTON, GARY L			3.2 NAME			
STREET ADDRESS	1155 PEACHTREE STREET, N.E., STE 1800			3.3 STREET ADDRESS	See Attachment		
CITY-ST-ZIP	ATLANTA GA			3.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REDDERSEN, WILLIAM F			4.2 NAME			
STREET ADDRESS	1100 ABERNATHY ROAD, STE 414			4.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	IRVINE, JOYCE CLOWER			5.2 NAME			
STREET ADDRESS	STE 1800 1155 PEACHTREE ST NE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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* Joyce Clower Irvine 1/15/98 (404) 249-4450

CR2E084 (10/97)

**BELLSOUTH INTERACTIVE MEDIA SERVICES, INC.**

**Attachment to Annual Reports**

**Directors**

William F. Reddersen  
Suite 414, 500 Northpark Town Center  
1100 Abernathy Road  
Atlanta, GA 30328

C. S. Boren  
Suite 2004, 1155 Peachtree Street, N.E.  
Atlanta, GA 30309-3610

R. M. Dykes  
Suite 2008, 1155 Peachtree Street, N.E.  
Atlanta, GA 30309-3610

**Officers**

William F. Reddersen, President  
Suite 414, 500 Northpark Town Center  
1100 Abernathy Road  
Atlanta, Georgia 30328

Thompson T. Rawls II, Vice President-Public Policy and General Counsel  
Suite 414, 500 Northpark Town Center  
1100 Abernathy Road  
Atlanta, Georgia 30328

William R. Matz, Vice President and Secretary  
Suite 414, 500 Northpark Town Center  
1100 Abernathy Road  
Atlanta, Georgia 30328

Mark Rapoport, Vice President-Finance and Treasurer  
Suite 414, 500 Northpark Town Center  
1100 Abernathy Road  
Atlanta, Georgia 30328

Joyce Clower Irvine, Assistant Secretary  
Suite 1800  
1155 Peachtree Street, N.E.  
Atlanta, Georgia 30309-3610