

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90021 031 \*\*\*150.00

**DOCUMENT # F95000002026**

1. Entity Name

**BELLSOUTH INTERACTIVE MEDIA SERVICES, INC.**

Principal Place of Business

Mailing Address

1155 PEACHTREE STREET, N.E.  
 SUITE 1800  
 ATLANTA GA 30309-3610

1155 PEACHTREE STREET, N.E.  
 SUITE 1800  
 ATLANTA GA 30309-7629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-2095854**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
 1201 HAYS STREET, STE 105  
 TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V**  Delete  
 NAME **RAWLS II, THOMPSON T**  
 STREET ADDRESS **1100 ABERNATHY ROAD, STE 414**  
 CITY-ST-ZIP **ATLANTA GA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **MATZ, WILLIAM R**  
 STREET ADDRESS **1100 ABERNATHY ROAD, STE 414**  
 CITY-ST-ZIP **ATLANTA GA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BOREN, C S**  
 STREET ADDRESS **1155 PEACHTREE ST, NE, STE 2004**  
 CITY-ST-ZIP **ATLANTA GA 30309**

TITLE  Change  Addition  
 NAME **See Attachment**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CD**  Delete  
 NAME **REDDERSEN, WILLIAM F**  
 STREET ADDRESS **1100 ABERNATHY ROAD, STE 414**  
 CITY-ST-ZIP **ATLANTA GA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AS**  Delete  
 NAME **IRVINE, JOYCE CLOWER**  
 STREET ADDRESS **STE 1800 1155 PEACHTREE ST NE**  
 CITY-ST-ZIP **ATLANTA GA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **DYKES, R M**  
 STREET ADDRESS **1155 PEACHTREE ST, NE, SUITE 2008**  
 CITY-ST-ZIP **ATLANTA GA 30309**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce Clower Irvine* **Joyce C. Irvine, Assistant Secretary 1/21/00 404/249-4450**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)