

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 19 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
--	---	---

DOCUMENT # **F96000001547**  
 1. Corporation Name  
**BELLSOUTH.NET INC.**

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 <b>1100 ASHWOOD PKWY</b>		26 <b>1100 ASHWOOD PKWY</b>		<b>03/26/96</b>		<b>58-2222579</b>		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
23 <b>ATLANTA GA</b>		28 <b>ATLANTA GA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
24 <b>30338</b>		25 <b>USA</b>		29 <b>30338</b>		30 <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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

TITLE <b>D</b>	<del>NAME</del> <b>LATHRAM, CHARLES D.</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>T</b>	<b>FRENCH, WAYNE F.</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>AS</b>	<b>RUDOLPH, ERIC B.</b>	<input checked="" type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>DC</b>	<b>CAPELL, ROBERT L. III</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>1155 PEACHTREE ST.</b>	
1.3 STREET ADDRESS	<b>ATLANTA, GA 30309</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE <b>P</b>	<b>SMETS, RAYMOND J.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>1100 ASHWOOD PKWY</b>	
2.3 STREET ADDRESS	<b>ATLANTA, GA 30338</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE <b>T</b>	<del>MARGARET</del> <b>WHITE, MARGARET</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>1100 ASHWOOD PKWY</b>	
3.3 STREET ADDRESS	<b>ATLANTA, GA 30338</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE <b>V/S</b>	<b>STENHOUSE, D. SCOTT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>1100 ASHWOOD PKWY</b>	
4.3 STREET ADDRESS	<b>ATLANTA, GA 30338</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE <b>D</b>	<b>ROBINSON, JOHN G.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>1155 PEACHTREE ST.</b>	
5.3 STREET ADDRESS	<b>ATLANTA, GA 30309</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>400002620754</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-08/20/98--01025--030</b>	
6.3 STREET ADDRESS	<b>***550.00</b>	
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: *[Signature]* **D. SCOTT STENHOUSE** 7/30/98 770-522-4034

CR2E034 (5/98)