## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 10, 2000 8:00 am Secretary of State DOCUMENT # F9600001547 BELLSOUTH NET INC. 02-10-2000 90021 039 \*\*\*150.00 Principal Place of Business Mailing Address 1100 ASHWOOD PKWY 1155 PEACHTREE ST NE **SUITE 1800** ATLANTA GA 30338 ATLANTA GA 30309-7629 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 58-2222579 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) · 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zin Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE ☐ Change ... Addition DC TITLE NAME NAME CAPELL, ROBERT L III STREET ADDRESS STREET ADDRESS See Attachment 1155 PEACHTREE ST CITY-ST-ZIP CITY-ST-ZIP atlanta ga 30309 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME ROBINSON, JOHN G STREET ADDRESS STREET ADDRESS 1155 PEACHTREE ST CITY-ST-7IP CITY-ST-ZIP <u>atlanta ga 30309</u> ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME SMETS, RAYMOND J STREET ADDRESS STREET ADDRESS 1100 ASHWOOD PKWY CITY-ST-ZIP CITY-ST-7IP <u>atlanta ga 30338</u> ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME KORCZYK, DANIEL J STREET ADDRESS STREET ADDRESS 1100 ASHWOOD PARKWAY CITY-ST-ZIP CITY-ST-ZIP <u>Atlanta ga 30338</u> ☐ Delete Change ☐ Addition TITLE NAME STENHOUSE, D. SCOTT STREET ADDRESS STREET ADDRESS 1100 ASHWOOD PKWY CITY-ST-ZIP CITY-ST-7(P <u>atlanta ga 30338</u> Delete ☐ Change Addition TITLE TITLE D NAME NAME BOREN, C S STREET ADDRESS STREET ADDRESS 1155 PEACHTREE STREET NE

<u> ATLANTA GA 30309-3610</u> 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.

CITY-ST-ZIP

www.loycerCalrvine, Assistant Secretary NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

1/21/00 404/249-4450

See Attachment

Daytime Phone #

CK CME