


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90085 002 \*\*\*150.00

DOCUMENT # F96000003895			
1. Entity Name BELLSOUTH LONG DISTANCE, INC.			
Principal Place of Business SUITE 1800 1155 PEACHTREE STREET NE ATLANTA GA 30309-3610		Mailing Address SUITE 1800 1155 PEACHTREE STREET NE ATLANTA GA 30309-3610	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>58-2224930</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSC HARRIS, ANTHONY R 400 PERIMETER CENTER SUITE 350 ATLANTA GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S William D. Schneider 400 Perimeter Center Terrace, #400 Atlanta, GA 30346 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PITTMAN, JAMES L SUITE 14D03 1155 PEACHTREE ST ATLANTA GA 30309-3610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JACKSON REDMON, JULIE STE 1800-1155 PEACHTREE ST NE ATLANTA GA 30309-3610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, REX 400 PERIMETER CENTER TERRACE ATLANTA GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paulino R. Barros, Jr. 2180 Lake Boulevard, NE, #12D30 Atlanta, GA 30319-6004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIBLER, JANET A 400 PERIMETER CENTER TERRACE ATLANTA GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mario L. Soto 400 Perimeter Center Terrace, #400 Atlanta, GA 30346 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julie Jackson Redmon* 2/17/05 (404) 249-0058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**  
#F96000003895  
2005425  
**BELLSOUTH LONG DISTANCE, INC.**  
**(BUSINESS ADDRESS)**

**Directors**

**Paulino R. Barros, Jr.**  
**2180 Lake Boulevard, NE**  
**Suite 12D30**  
**Atlanta, GA 30319-6004**

**Officers**

**Mario L. Soto, President**  
**400 Perimeter Center Terrace**  
**North Terraces Building**  
**Suite 400**  
**Atlanta, GA 30346**

**William D. Schneider, Secretary**  
**400 Perimeter Center Terrace**  
**North Terraces Building**  
**Suite 400**  
**Atlanta, GA 30346**

**James L. Pittman, Treasurer**  
**Suite 14D03**  
**1155 Peachtree Street, NE**  
**Atlanta, GA 30309-3610**

**Julie Jackson Redmon, Assistant Secretary**  
**Suite 1800**  
**1155 Peachtree Street, NE**  
**Atlanta, GA 30309-3610**