

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90028 004 ***150.00

DOCUMENT # F96000003895					
1. Entity Name BELLSOUTH LONG DISTANCE, INC.					
Principal Place of Business 400 PERIMETER CNTR TER STE 400 ATLANTA, GA 30346		Mailing Address SUITE 1800 1155 PEACHTREE STREET NE ATLANTA, GA 30309-3610			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		01172007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 58-2224930	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 SUITE 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. I am familiar with and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, WILLIAM D		NAME		
STREET ADDRESS	400 PERIMETER CENTER TERRACE, # 400		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON REDMON, JULIE		NAME	Ann Mittelstead	
STREET ADDRESS	STE 1800-1155 PEACHTREE ST NE		STREET ADDRESS	1155 Peachtree Street, NE, #1800	
CITY-ST-ZIP	ATLANTA, GA 303093610		CITY-ST-ZIP	Atlanta, GA 30309-3610	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROS, PAULINO R JR		NAME		
STREET ADDRESS	2180 LAKE BOULEVARD, NE # 12D30		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 303196004		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOTO, MARIO L		NAME	Robert D. Eison	
STREET ADDRESS	400 PERIMETER CENTER TERRACE, # 400		STREET ADDRESS	400 Perimeter Center Terrace, #400	
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP	Atlanta, GA 30346	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Charles P. Allen	
STREET ADDRESS			STREET ADDRESS	175 E. Houston Street, #7-B-80	
CITY-ST-ZIP			CITY-ST-ZIP	San Antonio, TX 78205-2255	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Ann Mittelstead</i>			1/23/07 (404) 249-2619		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Director Phone #		

Ann Mittelstead, Assistant Secretary