## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000003895

Entity Name: BELLSOUTH LONG DISTANCE, INC.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
400 PERIMETER CNTR TER STE 400 ATLANTA, GA 30346						
Current Mailing Address:				New Mailing Address:		
SUITE 1800 1155 PEACHTREE STREET NE ATLANTA, GA 303093610				SUITE 4203 675 WEST PEACHTREE STREET NW ATLANTA, GA 30375		
FEI Number:	umber: 58-2224930 FEI Number Applied For ( )		FEI Num	lumber Not Applicable ( )		Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US						
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:						
Electronic Signature of Registered Agent						Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	SCHNEIDER, WI	CENTER TERRACE, # 400		Title: Name: Address: City-St-Zip:	SCHNEIDER, W	R CENTER TERRACE, # 400
Title: Name: Address: City-St-Zip:	MITTELSTEAD, A	E STREET NE # 1800		Title: Name: Address: City-St-Zip:	PEED, MARY JO	REE STREET NW #4319
Title: Name: Address: City-St-Zip:	BARROS, PAULII	LEVARD, NE # 12D30		Title: Name: Address: City-St-Zip:	PIERCE, KATHL	R CENTER TERRACE NE
Title: Name: Address: City-St-Zip:	P (X) I EISON, ROBERT 400 PERIMETER ATLANTA, GA 30	D CENTER TERRACE, # 400		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	ALLEN, CHARLE	N STREET #7-B-80		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN ALEXANDER DTAX 04/23/2008