## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000003895

Entity Name: BELLSOLITH LONG DISTANCE INC

FILED Apr 09, 2009 Secretary of State

Entity Nai	me: BELLSOU	TH LONG DISTANCE, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
400 PERIM	METER CNTR	TFR				
STE 400	, GA 30346					
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 4203 675 WEST PEACHTREE STREET NW ATLANTA, GA 30375			1025 LENOX PARK BLVD. NE ROOM C362 ATLANTA, GA 30319			
FEI Number:	: 58-2224930	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Certificate of Status Desi	ired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent	:	
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324					
	e named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agen	t, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt	Date		
Election Car		Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	SCHNEIDER, W	R CENTER TERRACE, # 400	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition RICK, RESNICK 208 S. AKARD ST., SUITE 3507 DALLAS, TX 3507		
Title: Name: Address: City-St-Zip:	PEED, MARY J	FREE STREET NW #4319	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PIERCE, KATHI	R CENTER TERRACE NE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	ALLEN, CHARL	N STREET #7-B-80	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition ALLEN, CHARLES P 208 S. AKARD ST., SUITE 2726 DALLAS, TX 75202		
Title: Name: Address:	( )	Delete	Title: Name: Address:	VPTX ( ) Change (X) Addition TERESA, BLIZZARD 1025 LENOX PARK BLVD., NE, ROOM C36	32	

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.

City-St-Zip: ATLANTA, GA 30319

SIGNATURE: TERESA BLIZZARD VPTX 04/09/2009

City-St-Zip: