


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90004 016 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004634

1. Corporation Name
BELLSOUTH PUBLIC COMMUNICATIONS, INC.



Principal Place of Business 75 BAGBY DR HOMEWOOD AL 35209	Mailing Address 675 W. PEACHTREE STREET SUITE 4300 ATLANTA GA 30375
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-2257790	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKINS, JAMES B		1.2 NAME	Eric B. Rudolph	
STREET ADDRESS	75 BAGBY DR		1.3 STREET ADDRESS	675 West Peachtree St	
CITY-ST-ZIP	HOMEWOOD AL 35209		1.4 CITY-ST-ZIP	Atlanta, Georgia 30375, Suite 4300	
TITLE	VT	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, WENDELL K		2.2 NAME		
STREET ADDRESS	75 BAGBY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMEWOOD AL 35209		2.4 CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, GAIL F		3.2 NAME		
STREET ADDRESS	75 BAGBY DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMEWOOD AL 35209		3.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, LEIGH ANN		4.2 NAME		
STREET ADDRESS	675 W. PEACHTREE ST NE, S-4300		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30375		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, RICHARD A		5.2 NAME		
STREET ADDRESS	675 W. PEACHTREE ST NE, S-4510		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30375		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFTMAN, FREDERICK K		6.2 NAME		
STREET ADDRESS	1936 BLUE HILLS DR NE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROANOKE VA 24012		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address _____

SIGNATURE: Eric B. Rudolph Assistant Secretary 08/17/99 (404) 335-0703
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)