

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90021 030 ***150.00

DOCUMENT # F97000003919

1. Entity Name

BELLSOUTH WIRELESS CABLE, INC.

Principal Place of Business

Mailing Address

1155 PEACHTREE ST NE
 STE 1800
 ATLANTA GA 30309-3610

1155 PEACHTREE ST NE
 STE 1800
 ATLANTA GA 30309-7629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2234559

Applied For

Not Applicable

5. Certificate of Status Desired

\$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 ST
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REDDERSON, WILLIAM F	
STREET ADDRESS	500 NORTH PARK TOWN CENTER 1100 ABERNATHY	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAWLS, THOMPSON T II	
STREET ADDRESS	500 NORTH PARK TOWN CENTER 1100 ABERNATHY	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARWOOD, JOHN A	
STREET ADDRESS	1155 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOREN, C S	
STREET ADDRESS	1155 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	MATZ, WILLIAM P	
STREET ADDRESS	500 NORTH PARK TOWN CENTER 1100 ABERNATHY	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attachment	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attachment	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce C. Irvine* **Joyce C. Irvine, Assistant Secretary 1/21/00 404/249-4450**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)