

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90001 015 \*\*\*150.00

**DOCUMENT # F97000003919**

1. Entity Name  
**BELLSOUTH WIRELESS CABLE, INC.**



Principal Place of Business  
**1155 PEACHTREE ST NE  
STE 1800  
ATLANTA, GA 30309-3610**

Mailing Address  
**1155 PEACHTREE ST NE  
STE 1800  
ATLANTA, GA 30309-3610**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004

Chg-P

CR2E034 (10/03)

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYS ST  
TALLAHASSEE, FL 32301**

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE VPSC ☐ Delete  
NAME NAULT, II, J. LLOYD  
STREET ADDRESS SUITE 4300-675 W. PEACHTREE STREET  
CITY-ST-ZIP ATLANTA, GA 30375

TITLE D ☐ Delete  
NAME SMITH, WILLIAM L  
STREET ADDRESS 675 W. PEACHTREE STR., NE  
CITY-ST-ZIP ATLANTA, GA 30375

TITLE DP ☐ Delete  
NAME GRANGER, DONALD R  
STREET ADDRESS SUTIE D1481, 754 PEACHTREE STREET  
CITY-ST-ZIP ATLANTA, GA 303081206

TITLE T ☒ Delete  
NAME HARTY, LINDA S  
STREET ADDRESS SUITE 2006 - 1155 PEACHTREE STREET  
CITY-ST-ZIP ATLANTA, GA 303093610

TITLE D ☐ Delete  
NAME DYKES, R.M.  
STREET ADDRESS 1155 PEACHTREE STREET, NE  
CITY-ST-ZIP ATLANTA, GA 30309

TITLE AS ☐ Delete  
NAME IRVINE, JOYCE CLOWER  
STREET ADDRESS SUITE 1800 - 1155 PEACHTREE ST. NE  
CITY-ST-ZIP ATLANTA, GA 303093610

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V/S/GC ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 675 W. Peachtree Street, NW, #4515  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 1481  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Lynn Wentworth  
STREET ADDRESS 1155 Peachtree Street, NE, #2006  
CITY-ST-ZIP Atlanta, GA 30309-3610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joyce Clower Irvine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joyce Clower Irvine, Assistant Secretary

*3/19/04*

(404) 249-4450