


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90007 022 ***150.00

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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 754 Peachtree Street, NE		3. Mailing Address	
Suite, Apt. #, etc. Suite D1481		Suite, Apt. #, etc.	
City & State Atlanta, GA 30308-1206		City & State	
Zip	Country USA	Zip	Country
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC NAULT, II, J. LLOYD SUITE 4300-075 W. PEACHTREE STREET ATLANTA, GA 30375 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC Thompson T. Rawls, II 2180 Lake Boulevard, NE, #12D Atlanta, GA 30319-6004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIAM L 675 W PEACHTREE ST. NW #4515 ATLANTA, GA 30375 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRANGER, DONALD R STE. 1481, 754 PEACHTREE ST. ATLANTA, GA 303081206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT DROEGE, MARK E 1155 PEACHTREE ST., NE #2006 ATLANTA, GA 303093610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Suite 1703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKES, R.M. 1155 PEACHTREE STREET, NE ATLANTA, GA 30309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D W. Patrick Shannon 1155 Peachtree Street, NE, #2008 Atlanta, GA 30309-3610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS IRVINE, JOYCE CLOWER SUITE 1800 - 1155 PEACHTREE ST. NE ATLANTA, GA 303093610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Joyce Clower Irvine</i>		Date: 2/28/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (404) 249-4450	
Joyce Clower Irvine, Assistant Secretary			