


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State


01-25-2007 90028 006 ***150.00

DOCUMENT # F97000003919 1. Entity Name BELLSOUTH WIRELESS CABLE, INC.	
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Principal Place of Business 754 PEACHTREE ST NE SUITE D1481 ATLANTA, GA 30308-1206	Mailing Address 1155 PEACHTREE ST NE STE 1800 ATLANTA, GA 30309-3610
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2. Principal Place of Business - No P O Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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01172007 Chg-P CR2E034 (12/06)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revisiting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC RAWLS, THOMPSON T II 2180 LAKE BLVD NE #12D ATLANTA, GA 303196004 <input type="checkbox"/> Delete
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	DP GRANGER, DONALD R STE. 1481, 754 PEACHTREE ST. ATLANTA, GA 303081206 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT DROEGE, MARK E 1155 PEACHTREE ST NE SUITE 1703 ATLANTA, GA 303093610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANNON, PATRICK W 1155 PEACHTREE ST NE #2008 ATLANTA, GA 303093610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS IRVINE, JOYCE CLOWER SUITE 1800 - 1155 PEACHTREE ST. NE ATLANTA, GA 303093610 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shannon, W. Patrick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.

SIGNATURE: Joyce Clower Irvine 1/19/07 (404) 249-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Joyce Clower Irvine, Assistant Secretary