


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-23-2004 90002 049 ***150.00

DOCUMENT # F97000003920

1. Entity Name
BELLSOUTH BSE, INC.



Principal Place of Business Mailing Address

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

54021230



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 Applied For

58-2333057 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
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 reinstating)

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	T	<input type="checkbox"/> Delete
NAME	PITTMAN, JAMES L	
STREET ADDRESS	SUITE 14D03 1155 PEACHTREE ST	
CITY-ST-ZIP	ATLANTA, GA 303394053	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, REX	
STREET ADDRESS	400 PERIMETER CENTER TERRACE	
CITY-ST-ZIP	ATLANTA, GA 303093610	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JACKSON REDMON, JULIE	
STREET ADDRESS	STE 1800, 1155 PEACHTREE ST., N.E.	
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ANTHONY, HARRIS	
STREET ADDRESS	400 PERIMETER CENTER TERR SUITE 400	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	P	<input type="checkbox"/> Delete
NAME	SOTO, MARIO	
STREET ADDRESS	400 PERIMETER CENTER TERR SUITE 400	
CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Atlanta, GA 30309-3610	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/GC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400 Perimeter Center Terrace, #350	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 employees.

SIGNATURE: *Julie Jackson Redmon* 3/19/04 (404) 249-0058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Julie Jackson Redmon, Assistant Secretary