

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90037 026 \*\*\*150.00

0583231 AT

**DOCUMENT # F98000000306**

1. Entity Name  
**BELLSOUTH MNS, INC.**

Principal Place of Business Mailing Address  
**SUITE 1800, 1155 PEACHTREE ST., N.E. SUITE 1800, 1155 PEACHTREE ST., N.E.**  
**ATLANTA GA 30309 ATLANTA GA 30309**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **58-2363753** Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

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 STREET**  
**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, registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDERSON, RICHARD A</b> <b>STE 1000, 1100 PEACHTREE ST., NE</b> <b>ATLANTA GA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEE, DONNA A</b> <b>STE 200, 2400 CENTURY PARKWAY</b> <b>ATLANTA GA 30345</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>IRVINE, JOYCE C</b> <b>STE 1800, 1155 PEACHTREE ST., NE</b> <b>ATLANTA GA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAFTMAN, FREDRICK K</b> <b>1100 PEACHTREE STREET, N.E.</b> <b>ATLANTA GA 30309-4599</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Donna A. Lee</b> <b>2400 Century Parkway</b> <b>Atlanta, GA 30345</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Mark Kaish</b> <b>Suite B223-2180 Lake Blvd., NE</b> <b>Atlanta, GA 30319</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" 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	<b>Vice President, General Counsel &amp; Secty.</b> <b>Mary K. Keyer</b> <b>Suite 12B01-2180 Lake Blvd., NE</b> <b>Atlanta, GA 30319</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Linda S. Harty</b> <b>Suite 2006-1155 Peachtree Street</b> <b>Atlanta, GA 30309-3610</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Clower Irvine Assistant Secretary 04/01/02 404/249-4450  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

*Attachment*

**BELLSOUTH MNS, INC.**  
**(Business Address)**

#F98000000306

**DIRECTORS**

**Donna A. Lee**  
**2400 Century Parkway**  
**Atlanta, Georgia 30345**

**OFFICERS**

**Mark Kaish, President**  
**Suite B223**  
**2180 Lake Blvd., NE**  
**Atlanta, Georgia 30319**

**Mary K. Keyer, Vice President, General Counsel,**  
**External Affairs and Secretary**

**Suite 12B01**  
**2180 Lake Boulevard**  
**Atlanta, Georgia 30319**

**Linda S. Harty, Treasurer**  
**Suite 2006, 1155 Peachtree Street, N.E.**  
**Atlanta, Georgia 30309-3610**

**Joyce Clower Irvine, Assistant Secretary**  
**Suite 1800, 1155 Peachtree Street, N.E.**  
**Atlanta, Georgia 30309-3610**