


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90132 035 ***150.00

DOCUMENT # F98000000306 1. Entity Name BELLSOUTH MNS, INC.	
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Principal Place of Business SUITE 1800, 1155 PEACHTREE ST., N.E. ATLANTA, GA 30309	Mailing Address SUITE 1800, 1155 PEACHTREE ST., N.E. ATLANTA, GA 30309
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2. Principal Place of Business 2180 Lake Boulevard	3. Mailing Address
Suite, Apt. #, etc. Suite 7A737	Suite, Apt. #, etc.
City & State Atlanta, GA	City & State
Zip 30319-6004	Country USA

02232006	Chg-P	CR2E034 (11/05)
4. FEI Number 58-2363753	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, DONNA A 2180 LAKE BLVD STE 1240 ATLANTA, GA 303196004 <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	P KAISH, MARK SUITE B223 2180 LAKE BLVD NE ATLANTA, GA 30319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P R.G. Wheelahan, Jr. 2180 Lake Boulevard, NE, #7A737 Atlanta, GA 30319-6004 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS IRVINE, JOYCE C STE 1800, 1155 PEACHTREE ST., NE ATLANTA, GA 30309 <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	VSGC KEYER, MARY K SUITE 12B01 2180 LAKE BLVD NE ATLANTA, GA 30319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, GC D. Scott Stenhouse 2180 Lake Boulevard, NE, #12B01 Atlanta, GA 30319-6004 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DROEGE, MARK E 1155 PEACHTREE STREET, NE #1704 ATLANTA, GA 303093610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 1703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Joyce Clower Irvine* 3/14/06 (404) 249-4450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Joyce Clower Irvine