


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.					
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		
2. Principal Place of Business 2180 Lake Boulevard		3. Mailing Address Suite, Apt. #, etc. Suite 7A737			
City & State Atlanta, GA		City & State Atlanta, GA			
Zip 30319-6004		Country USA		4. FEI Number 58-2363753	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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			
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 P R.G. Wheelahan, Jr. 2180 Lake Boulevard, NE, #7A737 Atlanta, GA 30319-6004 <input type="checkbox"/> Change <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition AS IRVINE, JOYCE C STE 1800, 1155 PEACHTREE ST., NE ATLANTA, GA 30309 <input type="checkbox"/> Delete	
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 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	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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP, S, GC D. Scott Stenhouse 2180 Lake Boulevard, NE, #12B01 Atlanta, GA 30319-6004 <input type="checkbox"/> Change <input 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: <i>Joyce Clower Irvine</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/14/06 (404) 249-4450 Date Daytime Phone #		

Joyce Clower Irvine