

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-23-2004 90002 048 \*\*\*150.00

**DOCUMENT # F98000002356**



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

Principal Place of Business  
**675 WEST PEACHTREE ST., #4300  
 ATLANTA, GA 30375**

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

**54021231**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**58-2393916**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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 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

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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	D	<input type="checkbox"/> Delete
NAME	LEE, DONNA A	
STREET ADDRESS	2180 LAKE BLVD.	
CITY-ST-ZIP	ATLANTA, GA 30345	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREEDMAN, DEBORAH A	
STREET ADDRESS	1155 PEACHTREE ST., #1704	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FUNDERBURG, JAN H	
STREET ADDRESS	1155 PEACHTREE ST NE, STE 4511	
CITY-ST-ZIP	ATLANTA, GA 30375	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	HALLACY, DON G	
STREET ADDRESS	1155 PEACHTREE ST., #1705	
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	DAWSON, GAIL	
STREET ADDRESS	1055 LENOX PARK BLVD, STE 1C61	
CITY-ST-ZIP	ATLANTA, GA 30319	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEMOINE, ANNAMARIE	
STREET ADDRESS	675 W. PEACHTREE ST NE, STE 4300	
CITY-ST-ZIP	ATLANTA, GA 30375	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Atlanta, GA 30319-6004	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith O. Cowan	
STREET ADDRESS	675 W. Peachtree Street, NW, #4514	
CITY-ST-ZIP	Atlanta, GA 30375	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James N. Young	
STREET ADDRESS	1155 Peachtree Street, NE, #14K07	
CITY-ST-ZIP	Atlanta, GA 30309-3610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" 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		
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 empowered.

SIGNATURE: \_\_\_\_\_

*Joyce Clower Irvine*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04

Date

(404) 249-4450

Daytime Phone #

Joyce Clower Irvine, Assistant Secretary