

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



01072004 Chg-P CR2E034 (10/03)

4. FEI Number
58-2393916

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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