

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004797

1. Entity Name

NEWSOUTH COMMUNICATIONS CORP.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90219 005 \*\*\*150.00

Principal Place of Business

Mailing Address

130 INDUSTRIAL DR.  
 GREENVILLE SC 29607

130 INDUSTRIAL DR.  
 GREENVILLE SC 29601-2719

2. Principal Place of Business

Two N. Main St.

3. Mailing Address

Two N. Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Greenville, SC

City & State  
 Greenville, SC

4. FEI Number 57-1070386

Applied For  
 Not Applicable

Zip 29601

Country USA

Zip 29601

Country USA

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

NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 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 or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	PCEO LAFRANCE, MICHAEL 130 INDUSTRIAL DR. GREENVILLE SC 29607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGCV HENDRICKS, KEVIN 130 INDUSTRIAL DR. GREENVILLE SC 29607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NODVIN, NEAL 130 INDUSTRIAL DR. GREENVILLE SC 29607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDNER, AMY 130 INDUSTRIAL DR. GREENVILLE SC 29607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TERRELL, J. E. 130 INDUSTRIAL DR. GREENVILLE SC 29607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOPER, TRACY J 130 INDUSTRIAL DR. GREENVILLE SC 29607	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Buttry, Leah Two N. Main St. Greenville, SC 29601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO LaFrance, Michael Two North Main St Greenville, SC 29601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC/V Hendricks, Kevin 2 N. Main St Greenville, SC 29601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Nodvin, Neal 2N Main St Greenville, SC 29601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Terrell, J.E. 2N Main St Greenville, SC 29601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cooper, Tracy 2 N. Main St Greenville, SC 29601	<input checked="" type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Leah Buttry*  
 LEAH BUTTRY

3/24/00

Date

864-672-5885

Daytime Phone #

CRE034 (9/99)