

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 30 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M-193

1. Entity Name
BellSouth Communication Systems, LLC

Principal Place of Business Mailing Address
1936 Blue Hills Drive SAME
PO Box 5455
Roanoke VA 24012

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2511384	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
The Prentice-Hall Corporation System INC
1201 HAYS STREET
Suite 105
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Helmly, Danny M "MGRM" <input type="checkbox"/> Delete 406 Clark Circle EATONTON, GA 31024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT John L Wimmer "MGRM" <input type="checkbox"/> Delete 1936 Blue Hills Dr Roanoke VA 24012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Winston W Burks III "MGRM" <input type="checkbox"/> Delete 1936 Blue Hills Dr Roanoke VA 24012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Thomas S Aday "MGRM" <input type="checkbox"/> Delete 1936 Blue Hills Dr Roanoke VA 24012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roderick D Odom "MGRM" <input type="checkbox"/> Delete 4455 Old Burlington St Alpharetta GA 30202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frederick K Shaftman "MGRM" <input type="checkbox"/> Delete 1100 Peachtree St NE, Suite 1000 Atlanta GA 30309

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400003290224 -06/15/00--01009--009 *****55.00--*****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John Wimmer *[Signature]* 5/25/00 540-983-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/1/99)