

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90095 037 \*\*\*\*55.00

1718

**DOCUMENT # M00000000093**

1. Entity Name  
**BELLSOUTH COMMUNICATION SYSTEMS, LLC**

Principal Place of Business <b>1936 BLUE HILLS DR., NE          ROANOKE VA 24012</b>	Mailing Address <b>1936 BLUE HILLS DR., NE          ROANOKE VA 24012</b>
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**B0042410**



DO NOT WRITE IN THIS SPACE

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

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

**6. Name and Address of Current Registered Agent**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ANDERSON, RICHARD A 1155 PEACHTREE STREET, N.E. ATLANTA GA 30309-3610</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DE LA VEGA, RALPH 1155 PEACHTREE STREET, N.E. ATLANTA GA 30309-3610</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HARRIS, ISAIAH 1155 PEACHTREE STREET, N.E. ATLANTA GA 30309-3610</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HEMLY, DANNY M 1936 BLUE HILLS DR., NE ROANOKE VA 24012</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ODOM, RODERICK D JR. 1155 PEACHTREE STREET, N.E. ATLANTA GA 30309-3610</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SHAFTMAN, FREDRICK K 1155 PEACHTREE STREET, N.E. ATLANTA GA 30309-3610</b> <input type="checkbox"/> Delete

**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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**2180 Lake Blvd  
 Atlanta, GA 30319**

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:** *[Signature]* **2/21/02 540-983-6162**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

CR2E083 (9/01)