2001 UNIFORM BUSINESS REPORT (UBR)

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 Entity Name BellSout 	th Wireless, LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA							
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Principal Place of	Business	Mailing Address	•						
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2. Principal Place	of Business	O Adelline Antonio							
	ridge Connector	3. Mailing Address 5565 Glenridge Connector							
Suite, Apt. #, e	tc.	Suite, Apt. #, etc. Suite 1700			DO NOT WRITE IN TH	IIS SPAC	Έ	•	
City & State Atlanta, (GA	City & State Atlanta, GA			4. FEI Number 58 - 2078460		-	oplied For ot Applicable	-
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$5.	00 Add		┤
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	,		Nam	ie	7. Name and Address of New Register	a Agen			١.
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Tallahass	ee, FL 32301		<u> </u>						-
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			City			:L '	Zip Code	a 	
. The above nam	ned entity submits this statement t	for the purpose of changing its	registered office	e or registere	ed agent, or both, in the State of Florida.				1
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Signa	ature, typed or printed name of registered agen	nt and title if applicable. (NOT	E: Registered Agent s	gnature required	when reinstating) DA1	E			-
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	MANAGING MEMI	BERS/MEMBERS	10.	The state of the s	ADDITIONS/CHANG	ES			1_
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	y that the ipformation supplied wit	th this filing does not qualify for		stated in Sec	ction 119.07(3)(i), Florida Statutes. I further	certify th	at the in	iformation	1
indicated on the limited liability	his report is true and accurate and company of the receiver by yuste	d that my signature shall have see empowered to execute this	the same legal e report as require	effect as if m ed by Chapte	ction 119.07(3)(i), Florida Statutes. I further ade under oath; that I am a managing mer er 608, Florida Statutes.	nber or r	nanager	of the	1
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CNATHE	se.(////////////////////////////////////	Allizabeth A	A. Mussell	l, Auth	. Rep. 08/15/01	404	/236	-5550	1



ACCOUNT NO. : 072100000032

REFERENCE

429056

4386365

AUTHORIZATION

COST LIMIT

ORDER DATE: August 16, 2001

ORDER TIME: 9:08 AM

ORDER NO. : 429056-025

CUSTOMER NO: 4386365

STOMER: Ms. Elizabeth Mussell E Cingular Wireless 5565 Glenridge Connector Suite 1700

Atlanta, GA 30342

ANNUAL REPORT FILING

NAME: BELLSOUTH WIRELESS, LLC

<u> </u>	HMMOAL	KEPOKI	

AMBITTAT DEPOST

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: