

APPROVED AND FILED

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01 JUL 20 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #					
1. Entity Name BELLSOUTH MOBILITY LLC M00000002054					
Principal Place of Business 1100 PEACHTREE STREET, SUITE 1000 ATLANTA GA 30309			Mailing Address SAME		
2. Principal Place of Business 5565 GLENRIDGE CONNECTOR			3. Mailing Address 5565 GLENRIDGE CONNECTOR		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 1700		
City & State ATLANTA, GA			City & State ATLANTA, GA		
Zip 30342		Country USA	Zip 3042		Country USA
4. FEI Number 58-1530964				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			FL Zip Code		
B. 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 restating) DATE _____					
[REDACTED SIGNATURE]					
9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BELLSOUTH CELLULAR CORP. 1100 PEACHTREE STREET, #1000 ATLANTA GA 30309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CINGULAR WIRELESS LLC 5565 GLENRIDGE CONNECTOR ATLANTA, GA 30342	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004488716	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <i>Elizabeth M. Murrell</i> Authorized Representative			Date: 07/20/2001 404/236-5558		

CR2E083 (11/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 204245 4386365

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 50.00

ORDER DATE : June 28, 2001

ORDER TIME : 1:19 PM

ORDER NO. : 204245-010

CUSTOMER NO: 4386365

CUSTOMER: Ms. Elizabeth Mussell
Cingular Wireless
5565 Glenridge Connector
Suite 1700
Atlanta, GA 30342

ANNUAL REPORT FILING

NAME: BELLSOUTH MOBILITY LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney-EXT#1116

EXAMINER'S INITIALS: _____