

APPROVED
AND
FILED

102

2001 UNIFORM BUSINESS REPORT (UBR)01 JUL 20 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																													
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																															
<table border="1"> <thead> <tr> <th colspan="2">9. MANAGING MEMBERS/MEMBERS</th> <th colspan="2">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>BELLSOUTH CELLULAR CORP. 1100 PEACHTREE STREET, #1000 ATLANTA GA 30309 <input checked="" type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>CINGULAR WIRELESS LLC 5565 GLENRIDGE CONNECTOR ATLANTA, GA 30342 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>600004488716 <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table>				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
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: Elizabeth M. Murrell		Authorized Representative																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 07/20/2001 404/236-5558																													

CR2E083 (1/1/00)

-8



20/2

ACCOUNT NO. : 072100000032

REFERENCE : 204245 4386365

AUTHORIZATION :

Patricia Pizote

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: _____