

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

2001 MAY 10 PM 2:16

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000002082					
1. Entity Name BellSouth Cellular Services, LLC					
Principal Place of Business			Mailing Address		
2. Principal Place of Business 1155 Peachtree Street, NE Suite, Apt. #, etc. Suite 1800 City & State Atlanta, GA 30309-3610 Zip 30309-3610			3. Mailing Address 1155 Peachtree Street, NE Suite, Apt. #, etc. Suite 1800 City & State Atlanta, GA 30309-3610 Zip 30309-3610		
4. FEI Number 58-1950001				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 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 _____					
<p>FILE NOW!!! FEE IS \$20.00 Make Check Payable to Department of State</p>					
9. MEMBER MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BellSouth Cellular Corp. <input type="checkbox"/> Delete Suite 1800-1155 Peachtree Str. Atlanta, GA 30309-3610	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		
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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		
<p>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.</p>					
SIGNATURE: <i>Joyce Clower Irvine</i>			Joyce Clower Irvine		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #
			05/04/01		404/249-4450

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