

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001802

FILED
Apr 23, 2008
Secretary of State

Entity Name: BELLSOUTH ENTERTAINMENT, LLC

Current Principal Place of Business:

754 PEACHTREE STREET
STE D1481
ATLANTA, GA 303081206

New Principal Place of Business:

Current Mailing Address:

1155 PEACHTREE STREET, NE
SUITE 1800
ATLANTA, GA 303093610

New Mailing Address:

675 WEST PEACHTREE STREET, NW
SUITE 4300
ATLANTA, GA 30375

FEI Number: 58-2095854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: SMITH, WILLIAM L
Address: 675 W PEACHTREE ST NW STE 4501
City-St-Zip: ATLANTA, GA 30375

Title: MGR (X) Delete
Name: SHANNON, W. PATRICK
Address: SUITE 2008, 1155 PEACHTREE STREET, N.E.
City-St-Zip: ATLANTA, GA 303093610

Title: MGRP () Delete
Name: GRANGER, DONALD R
Address: 754 PEACHTREE STREET # D1481
City-St-Zip: ATLANTA, GA 303081206

Title: VSC () Delete
Name: RAWLS,II, THOMPSON T
Address: 2180 LAKE BLVD, NE., #12D
City-St-Zip: ATLANTA, GA 303196004

Title: T () Delete
Name: KLUG, JONATHAN P
Address: 175 EAST HOUSTON ST SUITE 7-A-50
City-St-Zip: SAN ANTONIO, TX 78205

Title: AS (X) Delete
Name: IRVINE, JOYCE CLOWER
Address: SUITE 1800, 1155 PEACHTREE STREET, N.E.
City-St-Zip: ATLANTA, GA 303093610

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSC (X) Change () Addition
Name: TURBES, MICHAEL M
Address: 675 WEST PEACHTREE ST., N.W. #4300
City-St-Zip: ATLANTA, GA 30375

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LYNN ALEXANDER

DTAX

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date