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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P00329</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                 |  |
| 1. Entity Name<br><b>BELLSOUTH TELECOMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                  |  |
| Principal Place of Business<br>675 W PEACHTREE ST., NE<br>4506-BELLSOUTH CENTER<br>ATLANTA, GA 30375 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Mailing Address<br>675 W PEACHTREE ST., NE<br>4506 BELLSOUTH CENTER<br>ATLANTA, GA 30375 US                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>Suite 4500</b><br>City & State<br><b>Atlanta, GA</b><br>Zip<br><b>30309-3610</b><br>Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 3. Mailing Address<br><b>1155 Peachtree Street</b><br>Suite, Apt. #, etc.<br><b>Suite 1800</b><br>City & State<br><b>Atlanta, GA</b><br>Zip<br><b>30309-3610</b><br>Country<br><b>USA</b>                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 4. FEI Number<br><b>58-0436120</b><br>Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                  |  |
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when assessing) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                  |  |
| FILE NOW WITH FEE IS: \$160.00<br>After May 15, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>P &amp; Director<br/>ODOM, RODERICK D JR<br/>676 WEST PEACHTREE ST #4518-<br/>ATLANTA, GA 30375</b> <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>Suite 4500</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VPS<br/>PEED, MARY JO<br/>676 PEACHTREE ST. NE STE 4514-075<br/>ATLANTA, GA 30375</b> <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>Suite 4300</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VPCF<br/>COCHRAN, GUY L<br/>676 PEACHTREE ST. NE STE 4431-876-<br/>ATLANTA, GA 30375</b> <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>Suite 4431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>T<br/>YOUNG, JAMES N<br/>1156 PEACHTREE NE<br/>ATLANTA, GA 30375</b> <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>Suite 14K07</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>AS<br/>Joyce Clower Irvine<br/>Suite 1800 - 1155 Peachtree Str.<br/>Atlanta, GA 30309-3610</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>300016324108<br/>04/18/03--01057--004 ***150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |  |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |                                                                                                                                                                                                                                  |  |
| SIGNATURE: <i>Joyce Clower Irvine</i><br>Joyce Clower Irvine, Assistant Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 04/17/03 404/249-4450<br>Date Daytime Phone #                                                                                                                                                                                    |  |

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CREC04 (10/02)

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**BellSouth Telecommunications, Inc.  
(Business Address)**

**Directors:**

**Roderick D. Odom, Jr.  
Suite 4500  
675 W. Peachtree Street, NE  
Atlanta, Georgia 30375**

**Officers:**

**Roderick D. Odom, Jr.  
President  
Suite 4500  
675 W. Peachtree Street, NE  
Atlanta, Georgia 30375**

**Mary Jo Peed  
VP, General Counsel & Secretary  
Suite 4300  
675 W. Peachtree Street, NE  
Atlanta, Georgia 30375**

**Guy L. Cochran  
VP, CFO & Comptroller  
Suite 4431  
675 W. Peachtree Street, NE  
Atlanta, Georgia 30375**

**James N. Young  
Treasurer  
Suite 14K07  
1155 Peachtree Street, NE  
Atlanta, Georgia 30309-3610**

**Joyce Clower Irvine  
Assistant Secretary  
Suite 1800  
1155 Peachtree Street, NE  
Atlanta, Georgia 30309-3610**