
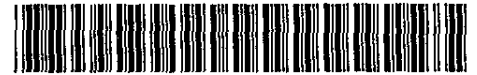


2005 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P14895 1. Entity Name BELLSOUTH BUSINESS SYSTEMS, INC.	
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Principal Place of Business 2180 LAKE BLVD. SUITE 1200 ATLANTA GA 30319 US	Mailing Address SUITE 1800 C/O JOYCE IRVINE 1155 PEACHTREE STREET, NE ATLANTA GA 30309-3610 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number 58-1682668	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VSGC <input type="checkbox"/> Delete
NAME	GILL, LAWRENCE E
STREET ADDRESS	2180 LAKE BLVD., #12B01
CITY-ST-ZIP	ATLANTA GA 30319
TITLE	DP <input type="checkbox"/> Delete
NAME	SHAFTMAN, FREDRICK K
STREET ADDRESS	2180 LAKE BLVD. SUITE 1200
CITY-ST-ZIP	ATLANTA GA 30319-6004
TITLE	AS <input type="checkbox"/> Delete
NAME	IRVINE, JOYCE C
STREET ADDRESS	STE 1800-1155 PEACHTREE ST. NE
CITY-ST-ZIP	ATLANTA GA 30309-3610
TITLE	T <input type="checkbox"/> Delete
NAME	YOUNG, JAMES N
STREET ADDRESS	1155 PEACHTREE ST NE #14K07
CITY-ST-ZIP	ATLANTA GA 30309-3610
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000239465
CITY-ST-ZIP	02/22/05-80044-023 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joyce Clower Irvine 2/17/05 (404) 249-4450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Joyce Clower Irvine Assistant Secretary