

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90060 032 \*\*\*150.00

**DOCUMENT # P20308**  
 1. Entity Name  
**DIGITEL CORPORATION**



Principal Place of Business 2600 SCHOOL ROAD ATLANTA, GA 30360	Mailing Address 2600 SCHOOL ROAD ATLANTA, GA 30360
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**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1536788	Applied For 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**  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TATE, BRYAN C. 2600 SCHOOL DRIVE ATLANTA, GA 30360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TATE, WM. DOUGLAS 4010 EXEC. PARK DRIVE SUITE 250 CINCINNATI, OH 45241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BLACK, PAMELA H. 2600 SCHOOL DRIVE ATLANTA, GA 30360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT LOCKLIN, EDWARD A 2600 SCHOOL DRIVE ATLANTA, GA 30360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO BAILEY, JERRY D 2600 SCHOOL DRIVE ATLANTA, GA 30360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BOTOMS, ROY A 2600 SCHOOL DRIVE ATLANTA, GA 30360

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Act. Botoms, CFO 770-451-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #