

**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**

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 ☐

\$8.75 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Act. Bottoms, CFO

Date

770-451-1111

Daytime Phone #