Watkins Ludlam Winter & Stennis, P.A.

ATTORNEYS AT LAW

633 North State Street (39202) Post Office Box 427 Jackson, Mississippi 39205-0427 Fax (601) 949-4804 www.watkinsludlam.com Stanley Q. Smith Sharcholder Resident in Jackson (601) 949-4863 stansmith@watkinsludlam.com

March 26, 2001

010376 - 17

Florida Public Service Commission Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850 Attn: Ms. Blanca Bayo, Director

Re: CommuniGroup, Inc.

Florida PSC Company Code TJ149; Certificate Number 5726

Dear Ms. Bayo:

The purpose of this letter is to advise the Florida Public Service Commission of a corporate restructure and reorganization in which the presently certificated Florida telecommunications provider, CommuniGroup, Inc., is now the holding company of its wholly-owned operating subsidiary, CommuniGroup of Jackson, Inc.

As a result of the corporate reorganization, CommuniGroup, Inc. respectfully requests the Commission's approval and transfer of its certificate to provide prepaid debit card and resold telecommunications services in Florida to CommuniGroup of Jackson, Inc. There will be no changes in the services provided to telecommunications customers in Florida, and, with the exception of the change in name, the Company will continue to operate under the same rates and tariff already on file with the Commission.

CommuniGroup of Jackson, Inc. was qualified to do business in Florida on January 30, 2001, and has registered the fictitious name "CommuniGroup" with the Florida Department of State on March 13, 2001. Copies of the Company's authorization to transact business, registration of fictitious name and an organizational chart showing the corporate structure are enclosed for your records.

In addition and pursuant to instructions received from Tom Williams, Florida PSC Department of Regulatory Oversight, also enclosed are labels for your convenience in replacing the name of the certificated telecommunications provider on the Tariff which is already on file with the Commission.

Gulfport, Mississippi Jackson, Mississippi

DOCUMENT NUMBER - DATE Olive Branch, Mississippi
03969 MAR 30 5

FPSC-RECORDS/REPORTING

632116 1/06561 07874

Ms. Blanca Bayo March 26, 2001 Page 2

If there are any questions, please do not hesitate to contact me at (601) 949-4863 or my assistant, Emily Merrill, at (601) 949-4715. Thank you in advance for your assistance regarding this matter.

Sincerely,

WATKINS LUDLAM WINTER & STENNIS, P.A.

Stanley Q. Smith

SQS/bem

Enclosures

cc: Tom Williams

James N.C. Moffat III

CT CORPORATION SYSTEM

January 26, 2001

Mr. Scott Bunkley Telephone Electronics Corporation Box 22923 Jackson, MS 39225

RE: COMMUNIGROUP OF JACKSON, INC.

(Mississippi Domestic) Order #3530723

Dear Mr. Bunkley:

We appreciate your appointing CT process agent for the above named corporation in the State of Florida. As requested, we have forwarded the application with our signature as the agent to the state of Florida. In order for records to be established for the prompt forwarding of legal and tax matters, we will need the following information from you:

Photocopy of the evidence of filing you receive from the State;

Our invoice in connection with our representation will follow upon receipt of the above information.

Thank you for using CT!

Very truly yours,

Marné J. Hoffmann Customer Specialist

mjh Enclosure

> 120 South Central Avenue Clayton, MO 63105 Tel. 314 863 5545 Fax 314 863 1578

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CommuniGroup of Jackson, Inc.	
(Name of corporation; must include the word "INCORPOR words or abbreviations of like import in language as will cle	
natural person or partnership if not so contained in the name	
· · · · ·	•
2. <u>Mississippi</u>	3. 64-0694679
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. <u>April 30, 1984</u>	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 2001	
(Date first transacted business in Florida. If corporation has	not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1)	501, 607.1502 and 817.155, F.S.)
7. 700 South West Street, Jackson, MS 3	39201
(Principal office a	
Post Office Box 940, Jackson, MS 392	205
(Current mailing	
· · · · · · · · · · · · · · · · · · ·	
8. Long Distance Service (Telecommunica	tions)
(Purpose(s) of corporation authorized in home state of	
Name and street address of Florida registered ager	it: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT Corporation System	
Office Address: 1200 South Pine Island Road	
• Plantation	, Florida <u>33324</u>
(City)	(Zip code)
•	· -
10. Registered agent's acceptance:	· · · · · · · · · · · · · · · · · · ·

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sean L. Emerick

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT:CommuniGroup of Jackson,	Inc.
(Name of corpor	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida.	for Authorization to Transact Business in Florida", to register the above referenced foreign corporation
Please return all correspondence concerning this ma	atter to the following:
Scott Bunkley	
· (Name	e of Person)
Telephone Electronics Corporation	·
	(Company)
236 East Capitol Street	
(A	ddress)
Jackson, MS 39201	
	tte and Zip code)
For further information concerning this matter, plea	se call:
•	
Scott Bunkley at (601	
(Name of Person) (Ar	ea Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: See Attached Vice Chairman: Address: Address: ___ **B. OFFICERS** President: ____ Address: Vice President: Address: ___

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert J. Healea; Vice President

(Typed or printed name and capacity of person signing application)

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on April 30,1984 the state of Mississippi issued a Charter/Certificate of Authority to:

COMMUNIGROUP OF JACKSON, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

ST. OF MISS

Given under my hand and seal of office January 25,2001

ERIC CLARK, Secretary of State

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Communi(Group of Jackson, Inc.			
(Name of corp	oration; must include the word "INCORPOR	ATI	ED", "COMPANY", "CORPORATION" or	
words or abbre	viations of like import in language as will cle	arly	indicate that it is a corporation instead of a	
natural person	or partnership if not so contained in the name	at	present.)	
2. <u>Mississi</u>	inni	3	_64-0694679	
	try under the law of which it is incorporated)	٠.	(FEI number, if applicable)	
	. ,		(* ==,,,	
4. <u>April 30</u>		5.		
(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6. <u>Jan</u> uary	1, 2001			
(Date first trans	acted business in Florida. If corporation has	not	transacted business in Florida, insert "upon qualification.")	
	(SEE SECTIONS 607.15	501	, 607.1502 and 817.155, F.S.)	
7 700 Sout	h West Street, Jackson, MS 3	92	01	
7. <u>700 Bode</u>	(Principal office a			
D . 0.5	· · · · · · · · · · · · · · · · · · ·		·	
_ Post Off	ice Box 940, Jackson, MS 392			
	(Current mailing a	ada	ess)	
	tance Service (Telecommunica			
(Purpose	(s) of corporation authorized in home state or	co.	untry to be carried out in state of Florida)	
9. Name and st	reet address of Florida registered agen	ıt:	(P.O. Box or Mail Drop Box NOT acceptable)	
			(1701 2010 of Main 210p 2011 1100 accompliance)	
Name:	CT Corporation System			
0.55				
Office Address:	1200 South Pine Island Road			
	Plantation		Florida 33324	
	(City)		, Florida <u>33324</u> (Zip code)	
	` */		(— P 10 30)	
	agent's acceptance:			
Having been na	med as registered agent and to accept se	rvi	ce of process for the above stated corporation at the pla	ice
designated in thi	is application, I hereby accept the appoi	ntn	ment as registered agent and agree to act in this capacit	y. I
	familiar with and accept the obligation		elative to the proper and complete performance of my	
	jumma with and accept the obligation	s vj	my position as registered agent.	
-	/70	.		
	(Registered agent'	S SI	gnature)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: CommuniGroup of Jackson,		
	(Name of corpo	ration - must include suffix)	
Dear S	ir or Madam:		
"Certif	iclosed "Application by Foreign Corporation ficate of Existence", and check are submitted sact business in Florida.	for Authorization to Transact Bus to register the above referenced f	siness in Florida", oreign corporation
Please	return all correspondence concerning this m	atter to the following:	
Sco	tt Bunkley		
	(Nam	ne of Person)	
Tel	ephone Electronics Corporation		
	(Firm	/Company)	
236	East Capitol Street		
		Address)	
Jac	kson, MS 39201		-
<u> </u>		ate and Zip code)	
For fur	ther information concerning this matter, plea	ase call:	
	•		
Scot	t Bunkley at (601	354-9070	
		rea Code & Daytime Telephone N	umber)
Registr	ET ADDRESS: ration Section on of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
	Gaines St.	P.O. Box 6327	
Tallaha	assee, FL 32399	Tallahassee, FL 32314	
Enclose	ed is a check for the following amount:		
□ \$70. ·	.00 Filing Fee	Certified Copy	87.50 Filing Fee, Certificate of Status & Certified Copy

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: See Attached Vice Chairman: Address: Director: Address: Address: **B. OFFICERS** President: Address: Vice President: Address: _____ Secretary: _____ Treasurer:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert J. Healea; Vice President

(Typed or printed name and capacity of person signing application)

CommuniGroup of Jackson, Inc. Application by Foreign Corporation for Authorization To Transact Business in Florida

12. Names and business addresses of officers and/or director:

A. DIRECTORS

Name	Title	Address
Brandi S. Fail	Director	236 East Capitol Street Jackson, MS 39201
Joseph D. Fail	Director	236 East Capitol Street Jackson, MS 39201
Nancy W. Fail	Director	236 East Capitol Street Jackson, MS 39201
Walter J. Frank, Jr.	Director	236 East Capitol Street Jackson, MS 39201

B. OFFICERS

Name	Title	Address
Christopher B. Chelette	President	700 South West Street Jackson, MS 39201
James N.C. Moffatt III	Executive Vice President	700 South West Street Jackson, MS 39201
Robert J. Healea	Vice President	236 East Capitol Street Jackson, MS 39201
Walter J. Frank, Jr.	Vice President	236 East Capitol Street Jackson, MS 39201
Lera O. Roark	Vice President	1309 Louisville Avenue Monroe, LA 71201
Joseph D. Fail	Secretary/Treasurer	236 East Capitol Street Jackson, MS 39201

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on April 30,1984 the state of Mississippi issued a Charter/Certificate of Authority to:

COMMUNIGROUP OF JACKSON, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

ARY OF SOME ARY OF SOME ARY OF MISSES

Given under my hand and seal of office January 25,2001

ERIC CLARK, Secretary of State

COMMUNIGROUP OF JACKSON, INC.

043932

007306

YOUR INVOICE NUMBER Registration

INVOICE DATE

1/25/01

INVOICE AMOUNT

AMOUNT PAID

DISCOUNT TAKEN

NET CHECK AMOUNT

CommuniGroup
Accounts Payable Clearing P.O. Box 940 Jackson, MS 39205

OMNIBANK

043932

Bay Springs, Heidelberg, Jackson, Mantee 85-185/653

CHECK DATE	CONTROL NUMBER	AMOUNT
01/25/2001	043932	\$ *******87.50

Eighty-Seven and 50/100--

VOID AFTER 180 DAYS

Secretary of State - FL TO THE ORDER OF

REDACTED



March 13, 2001

COMMUNIGROUP 236 EAST CAPITOL STREET JACKSON, MS 39201

Subject: **COMMUNIGROUP**

REGISTRATION NUMBER: G01071900022

This will acknowledge the filing of the above fictitious name registration which was registered on March 13, 2001. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/pm Division of Corporation

Division of Corporations Letter No. 401A00015120



Department of State

I certify from the records of this office that COMMUNIGROUP is a Fictitious Name registered with the Department of State on March 13, 2001.

The Registration Number of this Fictitious Name is G01071900022.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Thirteenth day of March, 2001

CR2EO22 (1-99)

(atherine Harris Katherine Harris

Secretary of State



Bepartment of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of COMMUNIGROUP, registered with the Department of State on March 13, 2001, as shown by the records of this office.

The Registration Number of this Fictitious Name is G01071900022.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Thirteenth day of March, 2001



CR2EO22 (1-99)

(atherine Harris Katherine Harris Secretary of State

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1				
1.	CommuniGroup			
·	Fictitious Name to be Registered			
2.	236 East Capitol Street			
ł	Mailing Address of Business			
	Jackson, MS 39201			
	City State Zip Code			
3.	Florida County of principal place of business:			
4.	FEI Number: 64-0694679			

OMBARAS ILDAS TALLA Gasasa (1781)

GU10719U0U22 -03/12/01--01015--025 ***90.00

		his space for office us-	e only
ion2			
A. Owner(s) of Fictitious Name If Individual(s): (Use an	1 attachment if necessary;:		
1	2		
Last First M.I.	Last	First	M.I.
Address	Address		
City State Zip Code	City	State	Zip Code
SS# (optional) B. Owner(s) of Fictitious Name if other than individuals	SS#	(op	tional)
B. Owner(s) of Fictitious Name If other than individuals	s(s): (Use attachment if necessary):		
1 CommuniGroup of Jackson, Inc.	2		
Entity Name	Entity Name		
700 South West Street			
Address	Address		
Jackson, MS 39201			
City State Zip Code	City	State	Zip Code
·	/		·
Florida Registration NumberF01000000609 FEI Number:64-0694679	Florida Registratio FEI Number:	on Number	
Applied for Not Applicable	□Applied for		ot Applicable
		· · · · · · · · · · · · · · · · · · ·	
-2			
ກ3 e) the undersigned, being the sole (all the) party(ies) owning	interest in the above fictitious name, ca	ertify that the informatio	n indicated on this fo
and accurate. In accordance with Section 865.09, F.S., I (we trised at least once in a newspaper as defined in chapter 50 ted. I (we) understand that the signature(s) below shall have	0, Florida Statutes, in the county where	the applicant's principa	al place of business i
Soul Dalla visjoi	Signature of	f Owner	Date
Signature of Cluber Data /			
Signature of Owner Date / / ne Number: 601-354-9070	Phone Number:		
Signature of Owher Date 1 / ne Number:601-354-9070	Phone Number:		
on4 R CANCELLATION COMPLETE SECTION 4 ONLY:			
on4 R CANCELLATION COMPLETE SECTION 4 ONLY: R FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLE	ETE SECTIONS 1 THROUGH 4:		
on4 R CANCELLATION COMPLETE SECTION 4 ONLY: R FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLE s) the undersigned, hereby cancel the fictitious name	ETE SECTIONS 1 THROUGH 4:		
ne Number: _601-354-9070 on4 R CANCELLATION COMPLETE SECTION 4 ONLY: R FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLE e) the undersigned, hereby cancel the fictitious name	ETE SECTIONS 1 THROUGH 4:	signed registration nur	

CR4E-001

de My

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME
Note. Acknowledgements/certificates will be sent to the address in Section 1 only.

Fictitious Name to be Registered 2. 236 East Capitol Street Mailing Acdress of Business Jackson, MS 39201 City State Zip Code 3. Floridad County of Principal place of business: PRUFFIPE Address Address City State First M.I. Address Address City State Zip Code SS# (optional) B. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary): 1. Last First M.I. Address Address City State Zip Code SS# (optional) B. Owner(s) of Fictitious Name If other than individuals(s): (Use attachment if necessary): 2. Last First M.I. Address City State Zip Code SS# (optional) B. Owner(s) of Fictitious Name If other than individuals(s): (Use attachment if necessary): Communification of Jackson, Inc. Entity Name 700 South West Street Address Jackson, MS 39201 City State Zip Code Florida Registration Number Follo00000609 FEI Number 64-0694679 PEI Number 64-0694679 PEI Number 64-0694679 PEI Number 64-0694679 Institute of State Street Address Address Jackson, MS 39201 City State Zip Code Filorida Registration Number Follow Address Little Individuals that the signature of the what has been entised at least once in a newapaper as defined in chapter 50, Florida Statules, in the county where the applicant a principal place of business in and accurate. In accordance with Section 85:09, F.S., I (we) further certify that the information indicated on this for and accurate. In accordance with Section 85:09, F.S., I (we) further certify that the information indicated on this for many accurate and accurate. In accordance with Section 85:09, F.S., I (we) further certify that the information indicated on this for many accurate and acc	1 CommuniGroup			•
Mailing Address of Susiness Jackson, MS 39201	Fictitious Name to be Registered			
Jackson, MS 39201 Signature of Special Dispersion Number F0100000609 Fill Number: 64-0694679 This space for office use only	2. 236 East Capitol Street			
City State Zip Code 3. Fiordia/County of principal place of business:				
City State Zip Code 3. Fiordia/County of principal place of business:	Jackson, MS 39201			
3. Florida County of principal place of business:		ode		
This space for office use only This space for only This space for office use only This spac				
This space for office use only most and accurate in accordance with Section 865.09, F.S., I (we) further certify that/the fictitious name, sprincipal place of business in and accurate. In accordance with Section 865.09, F.S., I (we) further certify that/the fictitious name shown in Section 1 of this form has been entised at least once in a newspaper as defined in chapter 50, Florida Statutes, An the county where the applicant's principal place of business is least once in a newspaper as defined in chapter 50, Florida Statutes, An the county where the applicant's principal place of business is least once in a newspaper as defined in chapter 50, Florida Statutes, An the county where the applicant's principal place of business is least once in a newspaper as defined in chapter 50, Florida Statutes, An the county where the applicant's principal place of business is least once in a newspaper as defined in chapter 50, Florida Statutes, An the county where the applicant's principal place of business is least once in a newspaper as defined in chapter 50, Florida Statutes, An the county where the applicant's principal place of business is lead. I (we) undersigned, being the sole (all the) party(ies) owning interest in the above fightious name, certify that the information indicated on this for and accurate. In accordance with Section 865.09, F.S., I (we) further certify that/the fictitious name shown in Section 1 of this form has been entised at least once in a newspaper as defined in chapter 50, Florida Statutes, An the county where the applicant's principal place of business is least once in a newspaper as defined in chapter 50, Florida Statutes, An the county where the applicant's principal place of business is least once in a newspaper as defined in chapter 50, Florida Statutes, An the county where the applicant's principal place of business is reflected to the first of the floridation of the floridation number.	3. Florida County of principal place of business:			
This space for office use only and A Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary): 1	multiple			
A Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary): 1 Last First M.I. 2. Last First M.I. Address City State Zip Code City State Zip Code SS#	4 FEI Number: 64-0694679			
A Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary): 1 Last First M.I. 2. Last First M.I. Address City State Zip Code City State Zip Code SS#			This space for office use	e only
Last First M.I. 2. Last First M.I.	ton2		rina space for office use	Cruy
Address Address Address Address Address Address City State Zip Code City State Zip Code SS# (optional) B. Owner(s) of Fictitious Name If other than individuals(s): (Use attachment if necessary): Communi.Group of Jackson, Inc. Entity Name 700 South West Street Address Jackson, MS 39201 City State Zip Code Florida Registration Number F01000000609 FEI Number: 64-0694679 FEI Number: 64-0694679 FEI Number: 64-0694679 FEI Number: In accordance with Section 865.09, F.S., I (we) further certify that the information indicated on this for and accurate. In accordance with Section 865.09, F.S., I (we) further certify that the information indicated on this for and accurate in accordance with Section 865.09, F.S., I (we) further certify that the information indicated on this for and accurate in accordance with Section 865.09, F.S., I (we) further certify that the information indicated on this for and accurate in accordance with Section 865.09, F.S., I (we) further certify that the information indicated on this for and accurate in accordance with Section 865.09, F.S., I (we) further certify that the information indicated on this for and accurate in accordance with Section 865.09, F.S., I (we) further certify that the information indicated on this for and accurate in accordance with Section 865.09, F.S., I (we) further certify that the information indicated on this for and accurate in accordance with Section 865.09, F.S., I (we) further certify that the information indicated on this for and accurate in accordance with Section 865.09, F.S., I (we) further certify that the information indicated on this for and accurate in accordance with Section 865.09, F.S., I (we) further certify that the information indicated on this for and accurate in accordance with Section 865.09, F.S., I (we) further certify that the above fightle of the accurate in accordance with Section 865.09, F.S., I (we) further certify that the above fightle of the accurate in the ac	A. Owner(s) of Fictitious Name If Individual(s): (Use an at	ttachment if necessary):		
Address City State Zip Code SS#			First	
City State Zip Code SS#	Eddt Fildt Mill	Lust	7 1100	141 1.
B. Owner(s) of Fictitious Name If other than individuals(s): (Use attachment if necessary): 1	Address	Address		
B. Owner(s) of Fictitious Name If other than Individuals(s): (Use attachment if necessary): Communi Group of Jackson, Inc. Entity Name 700 South West Street Address Jackson, MS 39201 City State Zip Code Florida Registration Number F01000000609 FEI Number: 64-0694679 [Applied for Not Applicable] City State Zip Code Florida Registration Number F1 Not Applicable FI Number: Applied for Not Applicable City State Zip Code Florida Registration Number F1 Not Applicable FI Number: Applied for Not Applicable City State Zip Code Florida Registration Number F1 Not Applicable For indicated on the sole (all the) party(ies) owning interest in the above finditious name, certify that the information indicated on this for and accurate. In accordance with Section 865.09, F.S., I (we) further certify that the ficultious name shown in Section 1 of this form has been erised at least once in a newspaper as defined in chapter 50, Florida Statutes in the county where the applicant's principal place of business is lated. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required) Signature of Owner Date Phone Number: Connection 1 of Owner Date Phone Number: Date Phone Number: Date Phone Number: Date Phone Number: Address Addre	City State Zip Code	City	State	Zip Code
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Applied for Not Applicable Applied for Not Applicable Applied for Not Applied for	FEI Number: 64-0694679			
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	, which was registered on	and v	vas assigned registration nun	nber
Signature of Owner Date Signature of Owner Date	-		- -	
	Signature of Owner Date	Signa	ture of Owner	Date

Filing Fee: \$50



February 28, 2001

COMMUNIGROUP 236 EAST CAPITOL STREET JACKSON, MS 39201

Subject: COMMUNIGROUP

RE: 101A00012467

We have received your document for the above Fictitious Name; however, the document has not been filed and is being returned for the following:

The name of the Florida county of the principal place of business must be listed in section 1.

After the corrections have been made, return the application to: Fictitious Name Registration, P.O. Box 1300, Tallahassee, Florida 32302-1300 within 30 days from the date of this letter.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/vs Division of Corporations

Letter No. 101A00012467

COMMUNIGROUP OF JACKSON, INC.

044203

YOUR INVOICE NUMBER

INVOICE DATE

INVOICE AMOUNT

AMOUNT PAID

DISCOUNT TAKEN

NET CHECK AMOUN

007702

App. for name

2/14/01

90.00

90.00

0.00

CommuniGroup **Accounts Payable Clearing** P.O. Box 940 Jackson, MS 39205

OMNIBANK

Bay Springs, Heidelberg, Jackson, Mantee 85-185/653

044203

CHECK DATE	CONTROL NUMBER	AMOUNT
02/19/2001	044203	\$ ********90.00

Ninety and 00/100-

VOID AFTER 180 DAYS

TO THE Fictitious Name Registration ORDER Post Office Box 1300
OF Tallahassee, FL 32302-1300

FILE 327

REDACTED

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1		7		
Section 1	G	1		
	Fictitious Name to be Registered			
]		
2.				
	Mailing Address of Business			
	Jackson, MS 39201			
	City State Zip Code			
2	Florida County of principal place of business:			•
٥.				
	None			
1	FEI Number:64-0694679			
٠٠.	remainder.			
		Thi:	s space for office use	only
Section 2				
A.	Owner(s) of Fictitious Name If Individual(s): (Use an attachm	ent if necessary):		
1.		2		
_	Last First M.I.	Last	First	M.I.
	Address	Address		· · · · · · · · · · · · · · · · · · ·
-	City State Zip Code	City	State	Zip Code
	,,	•		·
	SS# (optional)	ss#	(opti	onal)
ь.	Owner(s) of Fictitious Name If other than individuals(s): (Use	e attachment if necessary):		
1.	CommuniGroup of Jackson, Inc.	2		
	Entity Name	Entity Name		
	700 South West Street			
	Address	Address		
	Jackson, MS 39201			
	City State Zip Code	City	State	Zip Code
	•	•		•
	Florida Registration Number <u>F01000006609</u> FEI Number: <u>64–0694679</u>	Florida Registration I FEI Number:	Number	
	Applied for Not Applicable	Applied for	□No	t Applicable
Rection 3 (we) the	e undersigned, being the sole (all the) party(ies) owning interest in	the above fictitious name, certif	fy that the information	indicated on this form in
rue and	accurate. In accordance with Section 865.09, F.S., I (we) further	certify that the fictitious name sl	nown in Section 1 of t	his form has been
dvertise	ed at least once in a newspaper as defined in chapter 50, Florida S	Statutes, in the county where the	applicant's principal	place of business is
ocated.	(we) understand that the signature(s) below shall have the same	e legal effect as if made under o	ath. (At Least One S	ignature Required)
1KG	50 100 DAL 2/15/01			
	atutelof Owner Date	Signature of O	wner	Date
hone N	umper:	Phone Number:		
Section 4				
OR CA	NCELLATION COMPLETE SECTION 4 ONLY:			
OR FIG	TITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECT	IONS 1 THROUGH 4:		
(we) th	e undersigned, hereby cancel the fictitious name			
` / "	· · ·			· · · · · · · · · · · · · · · · · · ·
	, which was registered on	and was assig	ned registration num	per
Sig	nature of Owner Date	Signature of O	wner	Date

Mark the applicable boxes

Acertificate of Status - \$10 Acertified Copy - \$30

Filing Fee: \$50

Signature of Owner

Date

Instructions for Completing Application for Registration of Fictitious Name

Section 1:

Line 1: Enter the name as you wish it to be registered. A fictitious name may <u>not</u> contain the words "Corporation" or "Incorporated," or the abbreviations "Corp." or "Inc.," unless the person or business for which the name is registered is incorporated or has obtained a certificate of authority to transact business in this state pursuant to chapter 607 or chapter 617 Florida Statutes.

Line 2: Enter the mailing address of the business. This address does not have to be the principal place of business and can be directed to anyone's attention. DO NOT USE AN ADDRESS THAT IS NOT YET OCCUPIED. ALL FUTURE MAILINGS AND ANY CERTIFICATION REQUESTED ON THIS REGISTRATION FORM WILL BE SENT TO THE ADDRESS IN SECTION 1. An address may be changed at any future date with no charge by simply writing the Division.

Line 3: Enter the name of the county in Florida where the principal place of business of the fictitious name is located. If there is more than one county, list all applicable counties or state "multiple".

Line 4: Enter the Federal Employer Identification (FEI) number if known or if applicable.

Section 2:

Part A: Complete if the owner(s) of the fictitious name are individuals. The individual's name and address must be provided. The social security number is not mandatory. Information provided on this application is a public record and, as such, will be made accessible to the public.

Part B: Complete if the owner(s) are not individuals. Examples are a corporation, limited partnership, joint venture, general partnership, trusts, fictitious name, etc. Provide the name of the owner, their address, their registration number as registered with the Division of Corporations, and the Federal Employer Identification (FEI) number. An FEI number must be provided or the appropriate box must be checked.

Owners listed in Part B must be registered with the Division of Corporations or provide documentation as to why they are not required to register. Examples would be Federally Chartered Corporations, or Legislatively created entities.

Additional owners may be listed on an attached page as long as all of the information requested in Part A or Part B is provided.

Section 3:

Only one signature is required. It is preferred that a daytime phone number be provided in order to contact the applicant if there are any questions about the application.

Section 4:

TO CANCEL A REGISTRATION ON FILE: Provide fictitious name, date filed, and registration number of the fictitious name to be cancelled.

TO CHANGE OWNERSHIP OF A REGIST RATION: Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the fictitious name listing the new owner(s). An owner's signature is required in both sections 3 and 4.

TO CHANGE THE NAME OF A REGISTRATION: Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the new fictitious name. An owner's signature is required in both sections 3 and 4.

An acknowledgement letter will be mailed once the fictitious name registration has been filed.

If you wish to receive a certificate of status and/or certified copy at the time of filing of this registration, check the appropriate box at the bottom of the form. PLEASE NOTE: Acknowledgements/certificates will be sent to the address in Section 1. If a certificate of status is requested, an additional \$10 is due. If a certified copy is requested, an additional \$30 is due.

The registration and re-registration will be in effect until December 31 of the fifth year.

Send completed application with appropriate fees to: Fictitious Name Registration PO Box 1300

Tallahassee, FL 32302-1300

Internet Address: http://www.sunbiz.org

The fee for registering a fictitious name is \$50. Please make a separate check for each filing payable to the Department of State. Application must be typed or printed in ink and legible.

CommuniGroup, Inc.
CommuniGroup of Jackson, Inc.
CommuniGroup of Alabama, Inc.
CommuniGroup of Louisiana, Inc.
CGI, Inc.
VarTec Telecom, Inc.
VarTec Holding Company
U.S. Republic Communications, Inc.
Web America Networks, Inc.
Choctaw Communications, Inc.
Choctaw Communications of Virginia, Inc.
PrimeTEC International, Inc.
VarTec International BV (Netherlands)
VarTec Telecom Europe, Ltd.
VarTec Telecom (UK), Ltd.
VarTec Telekom (Deutschland) GmbH
VarTec Kontinental Telekom GmbH
Network Construction Management
VarTec Business Trust, Inc
VarTec Properties, Inc.
10XXX Ranch Company
VarTec Interactive, Inc
Voice 2, Inc
Compute-A-Call, Inc
CommuniGroup Inc of Arkansas
Continuing tout the of Arkansas