

1. Name of company or name of individual (not fictitious name or d/b/a):

Digi Communications, Inc.

2. Name under which applicant will do business (fictitious name, etc.):

Digi Communications, Inc.

CK576
\$100.00
MC

3. Official mailing address:

Street: 304 SW 47th Terr

P.O. Box: _____

City: Cape Coral

State: Fla Zip: 33914

DEPOSIT

LATE

4. Florida address:

D2408

AUG 22 2002

Street: same

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:

() Individual

Corporation

() General Partnership

() Limited Partnership

() Other: _____

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DIVISION OF
COMPETITIVE SERVICES

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR 6. _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC I
- OTH _____

If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: P 01000098419