

030286-TGX 1620
\$100.00
MC

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

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

3. Official mailing address:
Street: 4900 NW 15th Street #4496
P.O. Box: _____
City: Margate
State: Florida Zip: 33063

4. Florida address:
Street: 4900 NW 15th Street #4496
P.O. Box: _____
City: Margate
State: Florida Zip: 33063

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

5. Structure of organization:

<input type="checkbox"/> Individual	DEPOSIT	DATE
<input checked="" type="checkbox"/> Corporation	D324	MAR 21 2003
<input type="checkbox"/> General Partnership		
<input type="checkbox"/> Limited Partnership		
<input type="checkbox"/> Other: _____		

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

Florida Secretary of State
Corporate Registration Number: P02000083058

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

DOCUMENT NUMBER-DATE
02746 MAR 21 03
FPSC-COMMISSION CLERK

03 MAR 20 AM 8:47
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