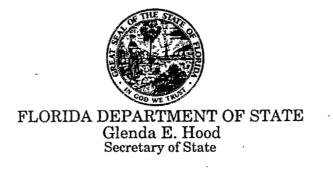
|  |             | V                                      |                | REQU       | EST TO EST<br>(Please | TABLISH DOCKET<br>Type) | ר   |  |  |  |
|--|-------------|--|----------------|------------|-----------------------|-------------------------|---|--|--|--|
| Date   | Octo        | ber 23, 2003                           |                | -          |                       | Docket No.              | 031005-TX                                 |  |  |  |
| 1. Divisi  | ion Na      | me/Staff Name                          | :              | Compet     | itive Marke           | ts & Enforcemen         | At/HAWKINS                                |  |  |  |
| 2. OPR:  | н           | awkins (##                             | <b>f</b>       |            |                       | -                       |   |  |  |  |
| 3. OCR:  |             |  |                |            |                       |                         |   |  |  |  |
| 4. Sugg  | ested !     | Docket Title:                          | Requ           | est for na | me change             | on CLEC Certific        | cate No. 7489 from High Tech              |  |  |  |
| Commun   | icatio      | ns of Central F                        | lorida,        | Inc. to Af | fordable Ph           | one Services, In        | c. d/b/a High Tech Communications         |  |  |  |
|  |             |  |                |            |                       |                         |   |  |  |  |
| 5. Sugg  | ested l     | Docket Mailing                         | ι List (a      | ttach sep  | arate sheel           | t if necessary)         |   |  |  |  |
| <b>A.</b> P  | rovide      | NAMES OR AC                            | RONYM          | S ONLY I   | a regulate            | d company.              |   |  |  |  |
| B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.) |             |  |                |            |                       |                         |   |  |  |  |
| 1. Parties and their representatives (if any):   |             |  |                |            |                       |                         |   |  |  |  |
|  |             |  |                |            |                       |                         |   |  |  |  |
|  |             |  |                | _,         |                       |                         |   |  |  |  |
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|  |             |  |                |            |                       |                         |   |  |  |  |
|  |             |  |                |            |                       |                         |   |  |  |  |
| 2  | •           | Interested per                         | rsons a        | nd their r | epresentati           | ves (if any):           |   |  |  |  |
|  | · · ·       |  | ····           |            |                       |                         |   |  |  |  |
|  | <del></del> |  |                |            | · .                   |                         |   |  |  |  |
|  |             |  |                |            |                       |                         |   |  |  |  |
|  |             | ****                                   |                |            |                       |                         |   |  |  |  |
|  |             |  |                |            |                       |                         |   |  |  |  |
| 6. Check   | one:        |  | <del>- ,</del> |            |                       |                         |   |  |  |  |
|  |             | Yes                                    | Docume         | ntation i  | s attached.           |                         | •   |  |  |  |
|  |             |  | Docume         | entation w | vill be provi         | ded with recomm         | nendation.                                |  |  |  |
|  |             |  |                |            |                       |                         |   |  |  |  |
|  |             |  |                |            |                       |                         |   |  |  |  |
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| BOOLOG:  | 010 0       | /B 00/00°                              |                |            |                       |                         |   |  |  |  |
| PSCICCA  | 010-C       | (Rev 02/02)                            |                |            |                       |                         |   |  |  |  |

LOSSS CCT 27 8



September 30, 2003

HIGH TECH COMMUNICATIONS OF CENTRAL FLORIDA 2855 SE 58TH AVE. OCALA, FL 34471

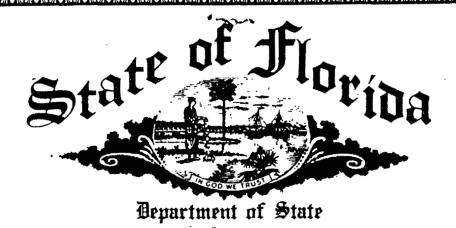
Re: Document Number P93000039785

The Articles of Amendment to the Articles of Incorporation of HIGH TECH COMMUNICATIONS OF CENTRAL FLORIDA, INC. which changed its name to AFFORDABLE PHONE SERVICES, INC., a Florida corporation, were filed on September 25, 2003.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Thelma Lewis
Document Specialist Supervisor
Division of Corporations

Letter Number: 603A00053774



I certify from the records of this office that HIGH TECH COMMUNICATIONS is a Fictitious Name registered with the Department of State on October 06, 2003.

The Registration Number of this Fictitious Name is G03279700239.

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.

THE STATE OF THE S

CR2EO22 (2-03)

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Seventh day of October, 2003

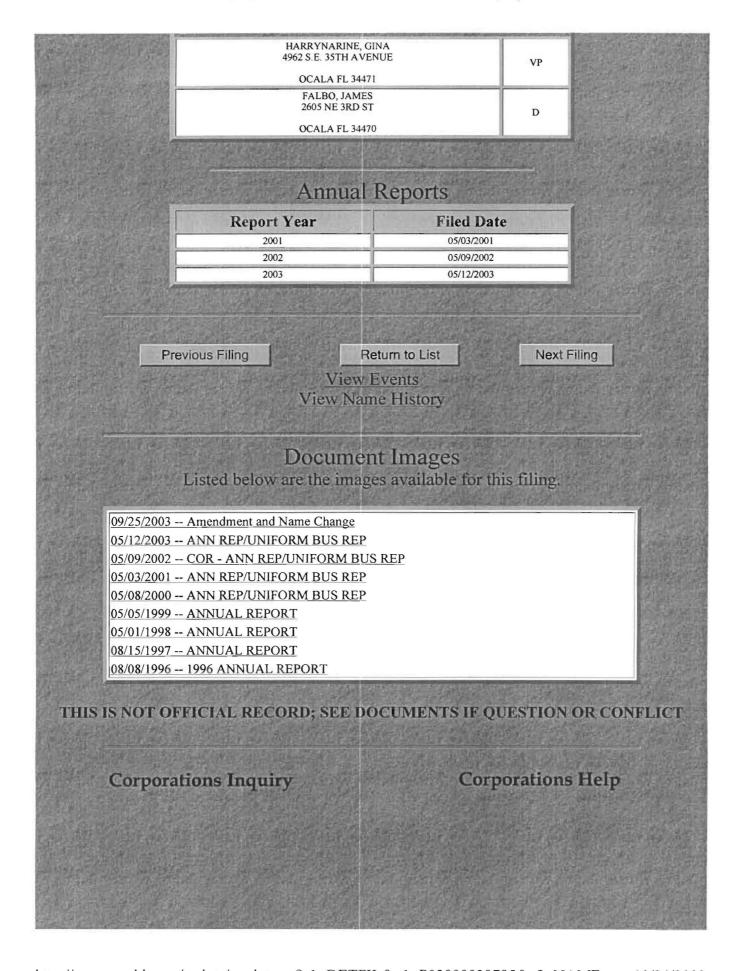
> Glenda C. Hood Secretary of State

Florida Department of State, Division of Corporations. orporations Online Public Inquiry ummu sunhiz oro Florida Profit AFFORDABLE PHONE SERVICES, INC. PRINCIPAL ADDRESS 2855 SE 58TH AVE. OCALA FL 34471 US Changed 09/25/2003 MAILING ADDRESS 2855 SE 58TH AVE. OCALA FL 34471 US Changed 09/25/2003 FEI Number Document Number Date Filed P93000039785 593186118 05/03/1993 **Effective Date** State Status 05/01/1993 FL ACTIVE Last Event **Event Date Filed Event Effective Date** AMENDMENT AND NAME 09/25/2003 NONE CHANGE Registered Agent Name & Address

LEONARD, ERSILIA F 4962 S.E. 35TH AVENUE OCALA FL 34471

#### Officer/Director Detail

| Name & Address                               | Title |
|--|-------|
| LEONARD, JOEL E JR.<br>4962 S.E. 35TH AVENUE | D     |
| OCALA FL 34471                               |       |
| LEONARD, ERSILIA F<br>4962 S.E. 35TH AVENUE  | D     |
| OCALA FL 34471                               |       |



### 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

#### P93000039785 **DOCUMENT #**

1. Entity Name



### **FILED** May 12, 2003 8:00 a Secretary of State

05-12-2003 90215 010 \*\*\*150.00

| HIGH IEC  | COMMUNICATIONS OF  | CENTRAL FLORII  | JA, INC         |                             |               |          |   |   |             |                   |                       |              |
|---|--|---|-----------------|-----------------------------|---------------|----------|---|---|-------------|-------------------|-----------------------|--------------|
| Principal Plac<br>2605 NE 3RD<br>OCALA FL 344<br>US | ST   | Mailing Address<br>2605 NE 3RD ST<br>OCALA FL 34470<br>US |                 |                             |               |          |   |   |             |                   |                       |              |
| 2. Principal P                                      | lace of Business   | 3. Mailing Address  |                 |                             |               |          | 185480     18165    1814                                  | 151 <b>11</b> 115                             |             | VIJAB IBLIK I     | KARI JAHAN (I         | dii lii ii   |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                                       |                 |                             |               |          | CHECK H   | ERE IF  | MAKING      | 3 CHANG           | SES                   |              |
| City & Stat   | e  | City & State  |                 |                             |               | 4, F     | El Number 59-3186   | 118   |             | F                 | Applied<br>Not App    |              |
| Zip   | Country  | Zip   | Cour            | ntry                        |               | 5. 0     | Certificate of Status Desir                               | ed  |             | \$8.75<br>Fee Req |                       | niça Di      |
|   | 1  |   | !!              | Ness                        | <del>-</del>  |          |   |   |             |                   |                       |              |
| LEONARD   | , ERSILIA F  |   |                 | Name                        | No            | (        | Trange  | <u>,                                     </u> |             |                   |                       |              |
|   | 35TH AVENUE  |   |                 | Street A                    | ddress (P     | .O. B    | ox Number is Not Accep                                    | table)  |             |                   |                       |              |
| OCALA FL  | . 34471  |   |                 |                             |               |          |   |   |             |                   |                       |              |
| ł   |  |   |                 | City                        |               |          |   |   | FL          | Zip C             | Code                  |              |
|   | named entity submits this statement follows of registered agent.                                       | or the purpose of changing                                | its register    | ed office or                | registere     | ed age   | ent, or both, in the State of                             | of Floric                                     | a. I am     | familiar w        | nth, and a            | ccept        |
| SIGNATURE .   | Eralia de  | remand  |                 |                             | ┷┈╌┈          |          | !   | 4-  | 2           | - (               | 3                     | _            |
|   | Signature, typed or printed name of registered agent   | and trie if applicable. (i                                | NOTE: Registere | d Agent signati             | ve required v | when rei | nslating)   |   | ' DATE      |                   |                       |              |
| Afte  | ILE NOW!!! FEE IS \$150.00<br>r May 1, 2003 Fee will be \$550.00<br>c Payable to Florida Department of | of State  |                 |                             |               |          | <ol><li>Election Campaig<br/>Trust Fund Contrib</li></ol> |   | cing [      | <b>\$5</b><br>DA  | 5.00 Ma<br>Ided to Fe | ıy Be<br>ses |
| . 10.   | . OFFICERS AND   | DIRECTORS   | 11.             |                             |               | ADI      | DITIONS/CHANGES TO  | OFFICE  | RS AND      | DIRECT            | ORS IN 1              | 1            |
| TITLE NAME STREET ADORESS CITY-ST-ZIP               | D<br>LEONARD, JOEL E JR.<br>4962 S.E. 35TH AVENUE<br>OCALA FL 34471                                    | ☐ Delete  |                 |                             |               |          |   |   |             | ☐ Chang           | ge 🗆 /                | Addition     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP               | D<br>LEONARD, ERSILIA F<br>4962 S.E. 35TH AVENUE<br>OCALA FL 34471                                     | ☐ Delete  |                 | 1                           |               |          |   |   |             | ☐ Chang           | ge 🗖 /                | Addition     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP               | VP<br>HARRYNARINE, GINA<br>4962 S.E. 35TH AVENUE<br>OCALA FL 34471                                     | ☐ Delete  |                 |                             |               |          |   |   | _           | Chang             | ge 🗖 A                | Addition     |
| IIILE   | D<br>EALBO IAMES   | ☐ Delete  | TITL            | (                           |               |          |   |   |             | ☐ Chang           | ge 🗆 /                | Addition     |
| STREET ADDRESS CITY-ST-ZIP                          | EALBO, JAMES<br>2605 NE 3RD ST<br>OCALA FL 34470   | ا مسیحیه سده در مسیحیییه این                              |                 | ET ADDRESS<br>-ST-ZIP       |               | - ~      |   | <u> </u>                                      | ~~~~        |                   |                       |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP               |  | ☐ Celete  |                 |                             |               |          |   |   | <del></del> | ☐ Chang           | je 🗀 A                | Addition     |
| NAME STREET ADDRESS CITY-ST-ZIP                     | estituted with information cumular with  | ☐ Delete  | CITY            | E<br>et address<br>- St-Zip |               |          | 40 O7(2)Vi) Elecido Stellucido                            |   |             | ☐ Chang           |                       | Addition     |

I hereby certify that, the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Florida Department of State, Division of Corporations

orporations On

www.sunhiz.org

Public Inquiry

HIGH TECH COMMUNICATIONS

2855 SE. 58TH AVE. OCALA, FL 34471

Document Number G03279700239

**Expiration Date** 12/31/2008

> **Total Pages** 000000001

Status ACTIVE

Current Owners 000000001

> **Events Filed** 000000000

**Date Filed** 10/06/2003

> County MARION

FEI Number NONE

No Filing History

Previous on List

Return to Name List

Next on List

#### Owner Information

| Name & Address   | FEI Number | Charter Number |
|--|------------|----------------|
| AFFORDABLE PHONE SERVICES, INC.<br>2855 SE 58TH AVE<br>OCALA, FL 34471 | 59-3186118 | P93000039785   |

#### **Document Images**

Listed below are the images available for this filing.

G03279700239 -- 10/06/2003 -- REGISTRATION

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Fictitious Name Inquiry

Fictitious Name Help.

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

# Oct 06, 2003 8:00 an Secretary of State

10-06-2003 90037 040 \*\*\*\*60.00 G03279700239

High Tech Commonications
Fictition's Name to be Registered (see instructions if name includes "Corp" or "inc")

|             | 2855  | DF. 50th  | Are   |                              | I  |  |   |
|-------------|---|---|---|------------------------------|--|--|---|
|             | Mailing Address of ( DCA   G  | Business FL State   | 34  | 1471<br>Zin Code             | -<br>-   |  |   |
| 3. 1        | •   | of principal place  | of business:  | Zip Code                     |  |  |   |
|             |   | Marion  |   |                              | -  |  | 0 4 6 1   |
|             |   | (see instructions if more   |   |                              | -   _  | 22   | 6461  |
| 4. 1        | FEI Number:   | 593186  | 11.8  | -                            |  | This space for off   | ice use only  |
| A.          | Owner(s) of Fig   | titious Name if   | individual(s): (U   | se an attac                  | hment if nec   | essary):   | ,   |
| _1.         |   |   | •   | 2.                           | <u> </u>   |  |   |
|             | Last  | First   | M.L   |                              | Last   | First  | M.I –   |
|             | Address   |   | <del></del>   | •                            | Address  |  |   |
|             | City  | State   | Zip Code  |                              | City   | State  | Zip Code  |
|             |   | 4   |   |                              |  | •  |   |
| В.          |   |   | other than an inc   | dividual: (L                 | se attachme  | ent if necessary):   |   |
| 1.          | Afford  | lable Ph  | one Servi   | ces In                       | ۲,   | /  |   |
|             | Entity Name<br>2855   | CC (8   | ith Ave   | 7.1                          | Entity Name  |  |   |
|             | Address   | SE 58   | HAG   |                              | Address  |  |   |
|             | <u> </u>  | FL  | 34471   |                              | Address  |  |   |
|             | CA.   | State   | Zip Code  |                              | City   | State  | Zip Code  |
|             | Florida Regist  | tration Number _  | 145000b.  | 39785                        | Florida Reg  | gistration Number  |   |
|             | FEI Number:   | 5931861   | 18  |                              | FE! Numbe  |  |   |
|             |   |   | ot Applicable   |                              |  |  | t Applicable  |
| ,           |   | lied for INC  |   |                              |  |  |   |
|             | ☐ Appi  | lied for LING   | or Applicable   |                              |  | phied for a 140  | r Whiteania   |
| is the      | e) the undersigned, bue and accurate. In a de under cath. (At Le  | peing the sole (all the) accordance with Sections One Signature Re  | party(les) owning inter<br>on 865.09, F.S., I (we)<br>aquired)                    |                              | a fictitious name,   | certify that the information is) below shall have the said   | indicated on this form<br>me legal effect as if               |
| is the      | Appi e) the undersigned, but and accurate. In a character cath. (At Le  | peing the sole (all the) accordance with Secti  | party(les) owning inter<br>on 865.09, F.S., I (we)<br>aquired)                    | understand the               | a fictitious name,   | certify that the information   | indicated on this form<br>me legal effect as if               |
| Pho FO      | e) the undersigned, bue and accurate. In a de under cath. (At Le Signature of Owner one Number:                                       | peing the sole (all the) accordance with Sections One Signature Residual (1) 352-369  | party(les) owning inter<br>on 865.09, F.S., I (we)<br>aquired)  0 - 2 - 0 3  Date | Pho                          | e fictious name, at the signature (  | certify that the information is) below shall have the said   | indicated on this form<br>me legal effect as if               |
| Pho FO      | e) the undersigned, bue and accurate. In a de under oath. (At Le Signature of Owner one Number:                                       | peing the sole (all the) accordance with Sections of the Signature Residual (2) 352-366  ION COMPLETE NAME OR OWNERS              | party(les) owning inter on 865.09, F.S., I (we) equired)  2 - 0 3  Date           | Pho LY: E COMPLE             | e ficitious name, at the signature ( Signature of Owns ne Number: TE SECTION | certify that the information is below shall have the said of the s | indicated on this form me legal effect as if  -2-03 ste -0999 |
| Pho FO      | Apple of the undersigned, but and accurate, in a de under cath. (At Les Signature of Owner one Number:  OR CANCELLAT OR FICTITIOUS I  | peing the sole (all the) accordance with Sections of the Signature Residual (2) 352-366  ION COMPLETE NAME OR OWNERS              | party(les) owning inter on 865.09, F.S., I (we) equired)  2 - 0 3  Date           | Pho LY: E COMPLE             | e ficitious name, at the signature ( Signature of Owns ne Number: TE SECTION | certify that the information is) below shall have the said of the  | indicated on this form me legal effect as if  -2-03 ste -0999 |
| Pho FO I (v | Apple of the undersigned, by the undersigned, by the under oath. (At Less Signature of Owner one Number:  OR CANCELLATOR FICTITIOUS I | peing the sole (all the) accordance with Sections One Signature Residual 12 352-366 ION COMPLETE NAME OR OWNERS                   | perty(les) owning interest on 865.09, F.S., I (we) equired)  2 - 2 - 0 3  Dete    | Pho LY: E COMPLE titious nai | e ficitious name, at the signature ( Signature of Owns ne Number: TE SECTION | certify that the information is below shall have the said of the s | indicated on this form me legal effect as if  -2-03 ste -0999 |
| Pho FO I (v | Apple of the undersigned, by the undersigned, by the under oath. (At Less Signature of Owner one Number:  OR CANCELLATOR FICTITIOUS I | peing the sole (all the) accordance with Sections of the Signature Residual (2) 352-366  ION COMPLETE NAME OR OWNERS              | perty(les) owning interest on 865.09, F.S., I (we) equired)  2 - 2 - 0 3  Dete    | Pho LY: E COMPLE titious nai | e ficitious name, at the signature ( Signature of Owns ne Number: TE SECTION | certify that the information is below shall have the said of the s | indicated on this form me legal effect as if  -2-03 ste -0999 |
| Pho FO I (v | Apple of the undersigned, by the undersigned, by the under oath. (At Less Signature of Owner one Number:  OR CANCELLATOR FICTITIOUS I | peing the sole (all the) accordance with Sections One Signature Residual (2) 352-369  TION COMPLETE NAME OR OWNER  signed, hereby | perty(les) owning interest on 865.09, F.S., I (we) equired)  2 - 2 - 0 3  Dete    | Pho EX: ECOMPLE titious nai  | e ficitious name, at the signature ( Signature of Owns ne Number: TE SECTION | certify that the information is below shall have the said of the s | indicated on this form me legal effect as if  -2-03 ste -0999 |

Mark the applicable boxes

Certificate of Status — \$10 FILING FEE: \$50

☐ Certified Copy — \$30