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April 19, 2004

Florida Public Service Commission
Division of Administration
2540 Shumard Oak Blvd.
Gunter Building
Tallahassee, FL 32399-0850

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APR 22 AM 9:19
COMMISSION
CLERK

RE: LINE 1 COMMUNICATIONS, LLC (Docket No. 020283-TT)

Dear Sirs:

Line 1 Communications was granted authority to provide interexchange telecommunications service in Florida on May 20, 2002. The Company has since registered the fictitious name "Direct Line Communications" with the Florida Secretary of State, and desires to use this fictitious name for its ongoing operations in Florida. A copy of the fictitious name registration is attached hereto.

Please take note of the Company's fictitious name and amend all records accordingly. Should any additional information be necessary, please do not hesitate to contact me.

Sincerely,


Monica Borne Haab

Enclosure

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DISTRIBUTION CENTER

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Section 1

1. Direct Line Communications
 Fictitious Name to be Registered

2. 3020 Roswell Rd. NE, Suite 200
 Mailing Address of Business
Marietta, GA 30062
 City State Zip Code

3. Florida County of principal place of business: _____
Leon

4. FEI Number: 26-0013343

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Section 2

A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):

<p>1. _____ Last First M.I. _____ Address _____ City State Zip Code SS# _____</p>	<p>2. _____ Last First M.I. _____ Address _____ City State Zip Code SS# _____</p>
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B. Owner(s) of Fictitious Name if other than individuals(s): (Use attachment if necessary):

<p>1. <u>Line 1 Communications, LLC</u> Entity Name <u>3020 Roswell Rd NE, Suite 200</u> Address <u>Marietta, GA 30062</u> City State Zip Code Florida Registration Number <u>M02000000718</u> FEI Number: <u>26-0013343</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable</p>	<p>2. _____ Entity Name _____ Address _____ City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable</p>
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Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised 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 located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Shirley E. Gandy 9-16-02
 Signature of Owner Date
 Phone Number: (770) 578-5110

 Signature of Owner Date
 Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned registration number _____

 Signature of Owner Date

 Signature of Owner Date

Mark the applicable boxes Certificate of Status - \$10 Certified Copy - \$30
 Filing Fee: \$50

Note: Acknowledgements/certificates will be sent to the address in Section 1 only. CR4E-001 (5/96)