

DEPOSIT DATE

4 9 3 AUG 30 2004

ORIGINAL

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

BayComm Services Incorporated

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

BayComm Services Incorporated

3. Official mailing address:

Street: 37154 McConnell Lane

P.O. Box: _____

City: Dade City

State: FL

Zip: 33525

COMMISSION
CLERK

AUG 27 PM 3:06

RECEIVED 9:00

4. Florida address:

Street: Same

040928-TC

P.O. Box: _____

City: _____

State: _____

Zip: _____

5. Structure of organization:

() Individual

Corporation

() General Partnership

() Limited Partnership

() Other: _____

CMP _____

COM _____

CTR _____

ECR _____

GCL _____

OPC _____

MMS _____

RCA _____

SCR _____

SEC 1

OTH _____

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

Florida Secretary of State

Corporate Registration Number: P03000017984

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

09420 AUG 27 2004

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