

Deposit
Sol - 10/14/04

ORIGINAL

CK# 104
CK# 100.00

1. Name of company or name of individual (not fictitious name or d/b/a): 10-14-04
Caribbean Payphone Services, Inc

RT

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

3. Official mailing address:

Street: _____

P.O. Box: 421832

City: KISSIMMEE

State: FLORIDA Zip: 34742

RECEIVED FPSC
OCT 14 PM 2:55
COMMISSION
CLERK

4. Florida address:

Street: 2413 ABBY DRIVE # 104

P.O. Box: _____

City: KISSIMMEE

State: FLORIDA Zip: 34741

5. Structure of organization:

() Individual

(X) Corporation

() General Partnership

() Limited Partnership

() Other: _____

CMP _____

COM _____

CTR _____

ECR _____

GCL _____

OPC 6.

MMS _____

RCA _____

SCR _____

SEC 1

OTH _____

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

Florida Secretary of State
Corporate Registration Number: P04000118581