



ORIGINAL

QuantumShift, Inc.
88 Rowland Way
Novato, CA 94945

050079-TI

T. 415.893.7180

F. 415.893.0569

RECEIVED-FPSC
www.quantumshift.com

05 JAN 31 AM 10:51

COMMISSION
CLERK

January 25, 2005

Florida Public Service Commission
Telecommunications Division
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Addition of Fictitious Business Name to
QuantumShift Communications, Inc.

Dear Sir or Madam:

Please allow this letter to serve as notification to the Commission that QuantumShift Communications, Inc., a certified telecommunications reseller in the state of Florida, recently added a fictitious business name (a "d/b/a") to its corporate name. I am enclosing a copy of the Florida Department of State's approval of such.

If you have questions in this matter, please contact me.

Sincerely,

Jenna Brown
415-209-7044
jbrown@quantumshift.com

DOCUMENT NUMBER-DATE

01062 JAN 31 05

FPSC-COMMISSION CLERK



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 3, 2005

VCOM SOLUTIONS
12647 ALCOSTA BLVD, #470
SAN RAMON, CA 94583

Subject: **VCOM SOLUTIONS**

REGISTRATION NUMBER: **G04365900018**

This will acknowledge the filing of the above fictitious name registration which was registered on December 30, 2004. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section
Division of Corporations

Letter No. 805A00000129

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of VCOM SOLUTIONS, registered with the Department of State on December 30, 2004, as shown by the records of this office.

The Registration Number of this Fictitious Name is G04365900018.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of January, 2005



CR2EO22 (2-03)

Glenda E. Hood
Glenda E. Hood
Secretary of State

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

FILED
04 DEC 30 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Section 1

1. Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
VCom Solutions
12647 Alcosta Boulevard, #470
Mailing Address of Business
San Ramon, CA 94583
City State Zip Code
3. Florida County of principal place of business:
Multiple (see instructions if more than one county)

449674
G04365900018
12/02/04--90009--005 **80.00

This space for office use only

JR

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):
1. Storm, Gary
Last First M.I.
12647 Alcosta Blvd, #470
Address
San Ramon, CA 94583
City State Zip Code
2. Hilal, Sameer
Last First M.I.
12647 Alcosta Blvd, #470
Address
San Ramon, CA 94583
City State Zip Code
B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):
1. Entity Name
Address
City State Zip Code
Florida Registration Number
FEI Number:
Applied for Not Applicable
2. Entity Name
Address
City State Zip Code
Florida Registration Number
FEI Number:
Applied for Not Applicable

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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. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if
Signature of Owner Date
Phone Number: 925-415-0737

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4: N/A
I (we) the undersigned, hereby cancel the fictitious name
which was registered on
nd was assigned
registration number
Signature of Owner Date

49 x 6
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449674

Attachment A

A. Owner(s) of Fictitious Name if Individual(s):

Joseph Condy
12647 Alcosta Boulevard, Suite 470
San Ramon, CA 94583
925-415-8737

