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ORIGINAL

CK#

Ch# 250.02

4-28-05

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IXC REGISTRATION FORM

Company Name Iconnect Wholesale, Inc.

Florida Secretary of State Registration No. 04000117719

Fictitious Name(s) as filed at Fla. Sec. of State _____

Company Mailing Name IConnect Wholesale, Inc.

Mailing Address P.O. Box 10591
Miami, FL 33101

Web Address _____

E-mail Address _____

Physical Address 444 Brickell Ave #701
Miami, FL 33131

Company Liaison Jennifer Coello

Title _____

Phone (305) 377-2800

Fax (305) 377-2899

E-mail address Jennifer@iconnectwholesale.com

Consumer Liaison to PSC Jennifer Coello

Title _____

Address P.O. Box 10591, Miami, FL 33101

Phone (305) 377-2800

Fax (305) 377-2899

E-mail address Jennifer@iconnectwholesale.com

- CMP
- COM
- CTR
- I:CR
- GCL
- OPC
- MMS
- RCA
- SCR
- SEC
- JTH

My company's tariff as required in Section 364.04, Florida Statutes, is enclosed with this form. I understand that my company must notify the Commission of any changes to the above information pursuant to Section 364.02, Florida Statutes. My company will owe Regulatory Assessment Fees for each year or partial year my registration is active pursuant to Section 364.336, Florida Statutes. My company will comply with Section 364.603, Florida Statutes, concerning carrier selection requirements, and Section 364.604, Florida Statutes, concerning billing practices.

Jennifer Coello
Signature of Company Representative

Jennifer Coello
Printed/Typed Name of Representative

4/26/05
Date

Effective: 07/15/2003

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK