

ORIGINAL

DEPOSIT DATE

060414-TX

6 5 2 MAY 23 2006

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority rather that apply for a new certificate.

Approval of assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

Initials of person who forwarded check
[Handwritten Signature]

RECEIVED-FPSC
MAY 22 AM 9:38
COMMISSIONER
CLERK

2. Name of company: Optivon, Inc.

CK# 177
CK @ 400.00

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

522-04
RT

Optivon

4. Official mailing address:

Street/Post Office Box: 6304 Benjamin Road Suite 514
City: Tampa
State: FL
Zip: 33634

5. Florida address:

Street/Post Office Box: 6304 Benjamin Road Suite 514
City: Tampa
State: FL
Zip: 33634

DISTRIBUTION CENTER
06 MAY 22 PM 2:34

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

6. Structure of organization:

- | | | | |
|--------------------------|---------------------|-------------------------------------|---------------------|
| <input type="checkbox"/> | Individual | <input checked="" type="checkbox"/> | Corporation |
| <input type="checkbox"/> | Foreign Corporation | <input type="checkbox"/> | Foreign Partnership |
| <input type="checkbox"/> | General Partnership | <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Other, | | |

FORM PSC/CMP-8 (01/06)
Required by Commission Rule Nos. 25-24.810,
and 25-24.815

Note: To complete this interactive form using your computer, use the tab key to navigate between data entry fields. DOCUMENT NUMBER-DA