



210 N. Park Ave.
Winter Park, FL
32789

P.O. Drawer 200
Winter Park, FL
32790-0200

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

January 12, 2007
Via Overnight Mail

Ms. Blanca Bayo,
Director of the Commission Clerk &
Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Gerald L. Gunter Building, Room 270
Tallahassee, FL 32399-0850

ORIGINAL

RECEIVED-FPSC

07 JAN 16 AM 10:08

COMMISSION
CLERK

Re: LDMI Telecommunications, Inc. d/b/a LDMI Telecommunications and also d/b/a FoneTel Name Change to LDMI Telecommunications, Inc. d/b/a Cavalier Telephone and also d/b/a Cavalier Business Communications


070048 -71

Dear Ms. Bayo:

The original and three (3) copies of this letter is filed as official notification that LDMI Telecommunications, Inc. is requesting approval to change the name under which it provides telecommunications services in Florida to LDMI Telecommunications, Inc. d/b/a Cavalier Telephone and also d/b/a Cavalier Business Communications. The Company will provide traditional residential telecommunications services under the Cavalier Telephone name and traditional business telecommunications services under the Cavalier Business Communications name. Included with this filing are the Certificate of Assumed Name registrations filed with the Florida Department of State Division of Corporations. Customers have been notified of the name change.

This name change does not affect the rates, terms or conditions of services currently provided to the Company's Florida. Upon Commission approval of this request, the Company will a file tariff revision with the new fictitious names.

Please acknowledge receipt of this filing by date stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided. Any questions you may have pertaining to this filing may be directed to me at (407) 740-3031 or via email at stomas@tminc.com.

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

00382 JAN 16 5

FPSC-COMMISSION CLERK

January 12, 2007
Ms. Blanca Bayo,
Director of the Commission Clerk &
Administrative Services
Florida Public Service Commission
Page 2

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Sharon Thomas". The signature is fluid and cursive, with the first name "Sharon" written in a larger, more prominent script than the last name "Thomas".

Sharon Thomas
Consultant to LDMI Telecommunications, Inc.

ST/im

Enclosures

cc: M. Ring - Talk
file: LDMI - FL Toll
tms: FLx0701

CORPORATION SERVICE COMPANY
www.incspot.com

CSC- Wilmington
Suite 400
2711 Centerville Road
Wilmington, DE 19808
800-927-9800
302-636-5454 (Fax)

Matter# Not Provided
Project Id :

Order# 685732-345
Order Date 12/26/2006

Entity Name : CAVALIER TELEPHONE
Jurisdiction : FL-Secretary of State
Request for : Fictitious or Assumed Name Filing
File# : G06361900016
File date : 12/27/2006
Result : Filed

Ordered by MR. KAREN MORAN at TALK AMERICA INC.

Thank you for using CSC. For real-time 24 hour access to the status of any order placed with CSC, access our website at www.incspot.com.

If you have any questions concerning this order or IncSpot, please feel free to contact us.

Michele Polsky
mpolsky@cscinfo.com

The responsibility for verification of the files and determination of the information therein lies with the filing officer; we accept no liability for errors or omissions.

APPROVED
AND
FILED

06 DEC 27 PM 1:42

SECTION 1
FALL ADDRESS

182

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Cavalier Telephone
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
6805 Route 202

Mailing Address of Business
New Hope PA 18938
City State Zip Code

3. Florida County of principal place of business: _____
Multiple
(see instructions if more than one county)

606361800016

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I. Address City State Zip Code

2. Last First M.I. Address City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. LDMI Telecommunications, Inc.
Entity Name
6805 Route 202
Address
New Hope PA 18938
City State Zip Code
Florida Registration Number F95000004983
FEI Number: 38-2940840
 Applied for Not Applicable

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 made under oath. (At Least One Signature Required)

Signature of Owner Date Signature of Owner Date
[Signature] [Date] [Signature] [Date]

Phone Number: (804) 422-4530 Phone Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
NON-REFUNDABLE PROCESSING FEE: \$50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2006

CAVALIER TELEPHONE
*****CSC*****

Subject: **CAVALIER TELEPHONE**

REGISTRATION NUMBER: **G06361900016**

This will acknowledge the filing of the above fictitious name registration which was registered on December 27, 2006. 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.

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

Reinstatement Section
Division of Corporations Letter No. 806A00072847

Account number: 072100000032 Account charged: 50.00

P.O. BOX 6327 -Tallahassee, Florida 32314

CORPORATION SERVICE COMPANY
www.incspot.com

CSC- Wilmington
Suite 400
2711 Centerville Road
Wilmington, DE 19808
800-927-9800
302-636-5454 (Fax)

Matter# Not Provided
Project Id :

Order# 685732-55
Order Date 12/26/2006

Entity Name : CAVALIER BUSINESS COMMUNICATIONS
Jurisdiction : FL-Secretary of State
Request for : Fictitious or Assumed Name Filing
File# : G06361900015
File date : 12/27/2006
Result : Filed

Ordered by MR. KAREN MORAN at TALK AMERICA INC.

Thank you for using CSC. For real-time 24 hour access to the status of any order placed with CSC, access our website at www.incspot.com.

If you have any questions concerning this order or IncSpot, please feel free to contact us.

Michele Polsky
mpolsky@cscinfo.com

The responsibility for verification of the files and determination of the information therein lies with the filing officer; we accept no liability for errors or omissions.

APPROVAL
FILED

06 DEC 27 PM 1:37

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/27/02 BY 1092

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Cavalier Business Communications
 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
10805 Route 202

Mailing Address of Business
New Hope PA 18938
 City State Zip Code

3. Florida County of principal place of business: _____
Multiple
 (see instructions if more than one county)

608361300015

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If individual(s): (Use an attachment if necessary):

1. Last First M.I. Address City State Zip Code

2. Last First M.I. Address City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. LDME Telecommunications, Inc.
 Entity Name
10805 Route 202
 Address
New Hope PA 18938
 City State Zip Code
 Florida Registration Number F95 00 000 4983
 FEI Number: 38-2940840
 Applied for Not Applicable

2. Entity Name Address City State Zip Code Florida Registration Number FEI Number: Applied for Not Applicable

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 made under oath. (At Least One Signature Required)

Signature of Owner Date Signature of Owner Date
 Phone Number: (804) 422-4530 Phone Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
 NON-REFUNDABLE PROCESSING FEE: \$50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2006

CAVALIER BUSINESS COMMUNICATIONS
*****CSC*****

Subject: **CAVALIER BUSINESS COMMUNICATIONS**

REGISTRATION NUMBER: **G06361900015**

This will acknowledge the filing of the above fictitious name registration which was registered on December 27, 2006. 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.

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

Reinstatement Section
Division of Corporations

Letter No. 406A00072846

Account number: 072100000032 Account charged: 50.00

P.O. BOX 6327 -Tallahassee, Florida 32314