IXC REGISTRATION FORM

Florida Secretary of State Registration No. Fictitious Name(s) as filed at Fla. Sec. of State		P-10000079013	RECEIV
		Sign & Spend	10 DEC 2 I
Company Mailing Name	Card Limited Corp.		100467-TI COMM
Mailing Address	2665 S. Bayshore Drive Suite 703 Miami Florida,33133		100 14
Web Address	www.signandspend.com		
E-mail Address	trichards@richards-law.com		
Physical Address	2665 S. Bayshore Drive Suite 703 Miami Florida,33133		
Company Liaison Title	Timothy Richards		
Phone	(305) 858-9900		
Fax	(305) 285-0015		
E-mail address	trichards@richards-l	aw.com	
Consumer Liaison to PSC			
Title	Paula Richards		
Address	2665 S. Bayshore Drive Suite 703 Miami Florida,33133		
Phone	(305) 858-9900		
Fax	(305) 285-0015		
E-mail address	prichards@richards-	law.com	
my company must notify the Florida Statutes. My comp is active pursuant to Section	e Commission of any cl any will owe Regulator n 364.336, Florida Statu	hanges to the above inform y Assessment Fees for each tes. My company will con	ed with this form. I understand that nation pursuant to Section 364.02, h year or partial year my registration uply with Section 364.603, Florida rida Statutes, concerning billing
- Just D. Polink		Timothy Richards	- President
Signature of Company Representative		Printed/Ty	ped Name of Representative
December 6, 2010	***************************************		
Date Date			

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