



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: August 19, 1999
TO: Blanca Bayo, Director, Division of Records and Reporting
FROM: Nancy Pruitt, Division of Telecommunications *z*
RE: Company Name Change in Title for Docket No. 990805-TI

Staff requests the name of the company be changed to the following:

Alliance Network, Inc. d/b/a C2K, Inc.

Attached is proof of the company's authorization to transact business in Florida under this name by the Secretary of State.

The corporate name change should be corrected in the docket title, MCD, and the utilities and parties of record listed in CMS.

c: Legal (K. Peña)

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- PAI _____
- SEC _____
- WAW _____
- OTH *Cap Manny*

DOCUMENT NUMBER-DATE

09979 AUG 20 88

FPSC-RECORDS/REPORTING

AUG-19-1999 THU 10:37 AM UNISEARCH

FAX NO. 6512259579

P. 03

AUG-19-99 10:27 AM

State of Florida



Department of State

I certify from the records of this office that C2K, INC. is a Fictitious Name registered with the Department of State on August 19, 1999.

The Registration Number of this Fictitious Name is G99231900039.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Nineteenth day of August, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

AUG-19-1999 THU 10:37 AM UNISEARCH

FAX NO. 12259579

P. 02

AUG-19-99 10:36 AM



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 19, 1999

C2K, INC.
1001 HOWARD AVE., STE. 3500
NEW ORLEANS, LA 70113

Subject: C2K, INC.

REGISTRATION NUMBER: G99231900039

This will acknowledge the filing of the above fictitious name registration which was registered on August 19, 1999. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 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) 488-9000.

UCC Liens
Division of Corporations

Letter No. 699A00041760

08/18/99 11:18 FAX 770 232 9208

LANCE STEINHART

APPROVED
AND
FILED

002/002

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

59 AUG 19 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Section 1

1. C2K, Inc
Fictitious Name to be Registered

2. 1001 Howard Ave, Ste 3500
Mailing Address of Business
New Orleans, LA 70113
City State Zip Code

3. Florida County of principal place of business: Multiple

4. FEI Number: 72-1443271

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 MI. Address City State Zip Code	2. Last First MI. Address City State Zip Code
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B. owner(s) of Fictitious Name if other than individual(s) (Use attachment if necessary):

1. <u>Alliance Network, Inc.</u> Entity Name <u>1001 Howard Ave, Ste 3500</u> Address <u>New Orleans, LA 70113</u> City State Zip Code Florida Registration Number: <u>F 99000003382</u> FEI Number: <u>72-1443271</u> <input type="checkbox"/> Applied for <input checked="" type="checkbox"/> Not Applicable	2. Entity Name Address City State Zip Code Florida Registration Number FEI Number: <input type="checkbox"/> Applied for <input checked="" type="checkbox"/> Not Applicable
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Section 3

I (we) the undersigned, being the sole (all the parties) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 59, Florida Statutes, in the county where the applicant's principal place of business is located. 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] 3/16/99
Signature of Owner Date
Phone Number: (504) 586-2009

Signature of Owner Date
Phone Number

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY;
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 3:

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
Filing Fee: \$25
Now: Acknowledgements/notifications will be sent to the address in Section 1 only.

CR4E-001 (5/98)