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A PROFESSIONAL ASSOCIATION

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June 29, 2001

ORIGINAL

RECEIVED - FPSC
RECORDS AND
REPORTING
JUN 29 PM 4:01

BY HAND DELIVERY

Ms. Blanca Bayó, Director
Division of Records and Reporting
Room 110, Easley Building
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

010931-TI

Re Request for Name Change

Dear Ms. Bayó:

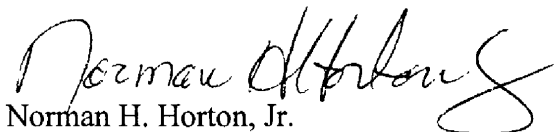
NOSVA Limited Partnership, holder of Certificate No. 3560, an Interexchange Carrier Certificate, herewith requests that the name on the certificate be changed to NOSVA Limited Partnership d/b/a Cierracom Systems.

A copy of an acknowledgement of the registration of the fictitious name is enclosed herein.

Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the same to me.

Thank you for your assistance with this filing.

Sincerely,


Norman H. Horton, Jr.

NHH/amb
Enclosure
cc: Glenn Stockton, Esq.

RECEIVED & FILED
Mur
BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

08096 JUN 29 01

FPSC-RECORDS AND REPORTING

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

FILED
 01 APR 23 AM 11:56
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Section 1

1. CierraCom Systems
 Fictitious Name to be Registered

2. 4380 Boulder Highway
 Mailing Address of Business
Las Vegas, NV 89121
 City State Zip Code

3. Florida County of principal place of business. _____
Leon

4. FEI Number: 52-1826715

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 SS# _____	2. _____ Last First M.I. _____ Address _____ City State Zip Code SS# _____
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B. Owner(s) of Fictitious Name if other than individuals(s): (Use attachment if necessary):

1. <u>NOSVA Limited Partnership</u> Entity Name <u>4380 Boulder Highway</u> Address <u>Las Vegas, NV 89121</u> City State Zip Code Florida Registration Number <u>B94000000084</u> FEI Number: <u>52-1826715</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ Entity Name _____ Address _____ City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
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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. 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 50, 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 of Owner Date 4/21/01
 Phone Number: 787-547-3000 Joseph Kopy, Pres.

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
Filing Fee: \$50
 Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

CR4E-001 (5/96)

DOCUMENT NUMBER-DATE
08096 JUN 29 05
 FPSC-RECORDS REPORTING



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 23, 2001

CIERRACOM SYSTEMS
4380 BOULDER HWY.
LAS VEGAS, NV 89121

Subject: CIERRACOM SYSTEMS

REGISTRATION NUMBER: G01113900240

This will acknowledge the filing of the above fictitious name registration which was registered on April 23, 2001. 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) 488-9000.

Reinstatement Section
Division of Corporations

Letter No. 601A00023813