

620377

CK 3896

1. Name of company or name of individual (not fictitious name or d/b/a): Scott Melick \$100.00

MC

2. Name under which applicant will do business (fictitious name, etc.): Online Payphone Systems

3. Official mailing address:
Street: 13300-56 S. Cleveland ave.
P.O. Box: 646
City: Fort Myers,
State: FL Zip: 33907

4. Florida address:
Street: 13300-56 S. Cleveland ave
P.O. Box: 646
City: Fort Myers,
State: FL Zip: 33907

5. Structure of organization:
 Individual DEPOSIT DATE
 Corporation D208 APR 29 2002
 General Partnership
 Limited Partnership
 Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: not incorporated

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC I
- OTH _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

DOCUMENT NUMBER-DATE
04672 APR 29 08
FPSC-COMMISSION CLERK