

030906-TC

CK 1183
\$100.00

ORIGINAL

1. Name of company or name of individual (not fictitious name or d/b/a):
COAST COMMUNICATION & MULTI-SERVICE CORPORATION

MC

2. Name under which applicant will do business (fictitious name, etc.):
COAST COMMUNICATION & MULTI-SERVICE CORPORATION

RECEIVED - PSC
SEP 17 AM 9:57
COMMISSION CLERK

3. Official mailing address:
Street: 10008 W FLAGLER ST

P.O. Box: _____

City: MIAMI

State: FLORIDA Zip: 33174

4. Florida address:
Street: 10008 W FLAGLER ST

P.O. Box: _____

City: MIAMI

State: FLORIDA Zip: 33174

5. Structure of organization:	DEPOSIT DATE
() Individual	D 382 SEP 17 2003
<input checked="" type="checkbox"/> Corporation	
() 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: P01000089577

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

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

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.
Initials of person who forwarded check
[Signature]

03 SEP 15 AM 11:30
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