

State of Florida



ORIGINAL

Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

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

DATE: February 15, 2005

TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director

FROM: Kiwanis L. Curry, Regulatory Analyst I, Division of Competitive Markets & Enforcement *KLC*

RE: Docket No. 041349-TI

Please add the attached IXC Registration Form to the docket file for Docket No. 041349-TI. The attached form includes the company's updated contact information.

- CMP _____
- COM _____
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- ECR _____
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- SCR _____
- SEC 1
- OTH Kim P.

DOCUMENT NUMBER-DATE
01548 FEB 15 05
FPSC-COMMISSION CLERK

IXC REGISTRATION FORM

Company Name Litestream Holdings, LLC.

Florida Secretary of State Registration No. LD4000037810

Fictitious Name(s) as filed at Fla. Sec. of State Litestream Technologies

Company Mailing Name Litestream Holdings, LLC.

Mailing Address 280 Business Park Circle, Suite 412 & 413
St. Augustine, FL 32095

Web Address www.lslink.com

E-mail Address admin@litestreamholdings.net

Physical Address 280 Business Park Circle, Suite 412 & 413
St. Augustine, FL 32095

Company Liaison Dave Reid

Title General Manager

Phone 904-940-9525

Fax 904-940-9523

E-mail address dreid18@comcast.net

Consumer Liaison to PSC Dave Reid

Title General Manager

Address 280 Business Park Circle, Suite 412 & 413
St. Augustine, FL 32095

Phone 904-940-9525

Fax 904-940-9523

E-mail address dreid18@comcast.net

My company's tariff as required in Section 364.04, Florida Statutes, is enclosed with this form. I understand that my company must notify the Commission of any changes to the above information pursuant to Section 364.02, Florida Statutes. My company will owe Regulatory Assessment Fees for each year or partial year my registration is active pursuant to Section 364.396, Florida Statutes. My company will comply with Section 364.603, Florida Statutes, concerning carrier selection requirements, and Section 364.604, Florida Statutes, concerning billing practices.

[Handwritten Signature]

Signature of Company Representative

2/15/05

Date

David T. Reid

Printed/Typed Name of Representative

Effective: 02/15/2005

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