

ORIGINAL
MAY 5 5 59

050311

CK#
CK# 100.00
5-5-05
RT

1. Name of company or name of individual (not fictitious name or d/b/a):
NATIONWIDE PAYPHONE SERVICES, L.L.C

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

3. Official mailing address:
Street: _____
P.O. Box: 430611
City: Miami
State: FL Zip: 33243-0611

4. Florida address:
Street: same
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
CMP _____ () Individual
COM _____ (X) Corporation
CTR _____ () General Partnership
ECR _____ () Limited Partnership
GCL _____ () Other: _____
OPC _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: LO4000089677

CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
RCA _____
SCR _____
SEC 1
OTH _____