

ORIGINAL



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COMMISSION
CLERK
D-F

June 8, 2005

Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RE: Addition of D/B/A for PNG Telecommunications, Inc. for the sale of local services.

Dear Commission,

PNG Telecommunications, Inc. will be operating in the state of Florida under a second fictitious name. Please change the name to be reflected as PNG Telecommunications, Inc. d/b/a PowerNet Global Communications d/b/a CrossConnect. A copy of the registration filed with the Secretary of State is included along with labels for PNG's Local tariff. If there are any questions or any further information is required please contact 513-645-4942.

Sincerely,

Stacy A. Lewis
Assistant Counsel

Labels forwarded to CUP

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK

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APPLICATION FOR REGISTRATION OF FICTITIOUS NAME
 Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. CROSS CONNECT
 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

100 COMMERCIAL DRIVE
 Mailing Address of Business

FAIRFIELD OH 45014
 City State Zip Code

3. Florida County of principal place of business: _____
MULTIPLE
 (see instructions if more than one county)

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 _____

2. Last _____ First _____ M.I. _____
 Address _____
 City _____ State _____ Zip Code _____

B. Owner(s) of Fictitious Name If other than an Individual: (Use attachment if necessary):

1. PNG TELECOMMUNICATIONS, INC
 Entity Name
100 COMMERCIAL DRIVE
 Address
FAIRFIELD OH 45014
 City State Zip Code
 Florida Registration Number F95000000048
 FEI Number: 311358624
 Applied for Not Applicable

2. _____
 Entity Name

 Address

 City State Zip Code
 Florida Registration Number _____
 FEI Number: _____
 Applied for Not Applicable

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. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Allen J. DeWitt 3/5/05
 Signature of Owner Date

Phone Number: (513) 645-4891

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

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
NON-REFUNDABLE PROCESSING FEE: \$50

Single CR4E001 (11/03)
 DOCUMENT NUMBER-DATE
 05608 JUN 13 05
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