



August 31, 2006  
Overnight Delivery

210 N. Park Ave.  
Winter Park, FL  
32789

P.O. Drawer 200  
Winter Park, FL  
32790-0200

Tel: 407-740-8575  
Fax: 407-740-0613  
tmi@tminc.com

Ms. Blanca Bayo, Director  
Division of the Commission Clerk and  
Administrative Services  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

060596-TI

RE: Registration of Telovations Inc. to Operate as an Interexchange Long Distance Reseller within the State of Florida

Dear Ms. Bayo:

Enclosed for filing are the original and two (2) copies of the above-referenced registration of Telovations Inc.

Please acknowledge receipt of this filing by returning, filed stamped, the extra copy of this letter in the self-addressed stamped envelope provided for that purpose.

Any questions you may have regarding this application may be addressed to me at the above address, by calling (407) 740-3006 or via email to croesel@tminc.com. Thank you for your assistance.

Sincerely,

Carey Roesel  
Consultant to Telovations Inc.

CR/gs  
Enclosures

cc: Rick Schonbrun - Telovations  
file: Telovations - FL IXC  
tms: FLi0600

DOCUMENT NUMBER-DATE

08092 SEP-1 8

FPSC-COMMISSION CLERK

# IXC REGISTRATION FORM

Company Name Telovations Inc.

Florida Secretary of State Registration No. F06000001079

Fictitious Name(s) as filed at Fla. Sec. of State Not Applicable

Company Mailing Name Telovations Inc.

Mailing Address 1511 N. West Shore Blvd., Suite 400

Tampa, FL 33607

Web Address www.telovations.com

E-mail Address rschonbrun@telovations.com

Physical Address same as above

Company Liaison Rick Schonbrun

Title President and CEO

Phone (813) 774-4370

Fax (813) 289-5402

E-mail address rschonbrun@telovations.com

Consumer Liaison to PSC Doug Knight

Title Vice President of Product Management

Address 1511 N. West Shore Blvd., Suite 400

Tampa, FL 33607

Phone (813) 774-4367

Fax (813) 289-5402

E-mail address dknight@telovations.com

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 364.336, 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.



Signature of Company Representative

Rick Schonbrun

Printed/Typed Name of Representative

8/18/06

Date