



ORIGINAL

RECEIVED-FPSC

07 JAN 16 AM 10:06

COMMISSION
CLERK

210 N. Park Ave.
Winter Park, FL
32789

January 12, 2007
Via Overnight Mail

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

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

Ms. Blanca Bayo,
Director of the Commission Clerk &
Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Gerald L. Gunter Building, Room 270
Tallahassee, FL 32399-0850

070045-TP

Re: Network Telephone Corporation Name Change to Network Telephone Corporation d/b/a Cavalier Telephone and also d/b/a Cavalier Business Communications

Dear Ms. Bayo:

The original and three (3) copies of this letter is filed as official notification that Network Telephone Corporation is requesting approval to change the name under which it provides telecommunications services in Florida to Network Telephone Corporation d/b/a Cavalier Telephone and also d/b/a Cavalier Business Communications. The Company will provide traditional residential telecommunications services under the Cavalier Telephone name and traditional business telecommunications services under the Cavalier Business Communications name. Included with this filing are the Certificate of Assumed Name registrations filed with the Florida Department of State Division of Corporations. Customers have been notified of the name change.

This name change does not affect the rates, terms or conditions of services currently provided to the Company's Florida. Upon Commission approval of this request, the Company will a file tariff revision with the new fictitious names.

Please acknowledge receipt of this filing by date stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided. Any questions you may have pertaining to this filing may be directed to me at (407) 740-3031 or via email at stthomas@tminc.com.

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

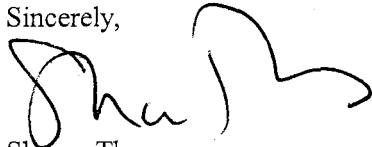
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FPSC-COMMISSION CLERK

January 12, 2007
Ms. Blanca Bayo,
Director of the Commission Clerk &
Administrative Services
Florida Public Service Commission
Page 2

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sharon Thomas', with a stylized flourish at the end.

Sharon Thomas
Consultant to Network Telephone Corporation

ST/im

Enclosures

cc: M. Ring - Talk
file: NTC - FL Toll
NTC - FL Local
NTC - FL Access
tms: FLx0701

CORPORATION SERVICE COMPANY
www.incspot.com

CSC- Wilmington
Suite 400
2711 Centerville Road
Wilmington, DE 19808
800-927-9800
302-636-5454 (Fax)

Matter# Not Provided
Project Id :

Order# 685732-355
Order Date 12/26/2006

Entity Name : CAVALIER TELEPHONE
Jurisdiction : FL-Secretary of State
Request for : Fictitious or Assumed Name Filing
File# : G06361900004
File date : 12/27/2006
Result : Filed

Ordered by MR. KAREN MORAN at TALK AMERICA INC.

Thank you for using CSC. For real-time 24 hour access to the status of any order placed with CSC, access our website at
www.incspot.com.

If you have any questions concerning this order or IncSpot, please feel free to contact us.

Michele Polsky
mpolsky@cscinfo.com

The responsibility for verification of the files and determination of the information therein lies with the filing officer; we accept no liability for errors or omissions.

APPROVAL AND FILED

06 DEC 27 PM 1:19

1872
CALL ARRANGED BY PHONE

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Cavalier Telephone Corporation
Fictitious Name to be Registered (see Instructions if name includes 'Corp' or 'Inc')
6805 Route 202

Mailing Address of Business
New Hope PA 18938
City State Zip Code

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

60888190000

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. Network Telephone Corporation
Entity Name
6805 Route 202
Address
New Hope PA 18938
City State Zip Code
 Florida Registration Number P97000091365
 FEI Number: 59-3477521
 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)

Signature of Owner _____ Date _____
 Signature of Owner _____ Date _____
 Phone Number: (804) 422-4520 Phone Number: _____

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 _____
 Signature of Owner _____ Date _____

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

CORPORATION SERVICE COMPANY
www.incspot.com

CSC- Wilmington
Suite 400
2711 Centerville Road
Wilmington, DE 19808
800-927-9800
302-636-5454 (Fax)

Matter# Not Provided
Project Id :

Order# 685732-350
Order Date 12/26/2006

Entity Name : CAVALIER BUSINESS COMMUNICATIONS
Jurisdiction : FL-Secretary of State
Request for : Fictitious or Assumed Name Filing
File# : G06361900017
File date : 12/27/2006
Result : Filed

Ordered by MR. KAREN MORAN at TALK AMERICA INC.

Thank you for using CSC. For real-time 24 hour access to the status of any order placed with CSC, access our website at www.incspot.com.

If you have any questions concerning this order or IncSpot, please feel free to contact us.

Michele Polsky
mpolsky@cscinfo.com

The responsibility for verification of the files and determination of the information therein lies with the filing officer; we accept no liability for errors or omissions.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

APPROVED AND FILED

06 DEC 27 PM 1:33 '92

SECRETARY OF STATE

Section 1

1. Cavalier Business Communications
 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
6805 Route 202

Mailing Address of Business
New Hope PA 18938
 City State Zip Code

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

005861300017

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. Network Telephone Corporation
 Entity Name
6805 Route 202
 Address
New Hope PA 18938
 City State Zip Code
 Florida Registration Number PA7000091365
 FEI Number: 59-347-7521
 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)

[Signature] _____
 Signature of Owner Date

Phone Number: (804) 422-4520

Signature of Owner _____ Date _____
 Phone Number: _____

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 _____
 Signature of Owner _____ Date _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2006

CAVALIER BUSINESS COMMUNICATIONS
*****CSC*****

Subject: **CAVALIER BUSINESS COMMUNICATIONS**

REGISTRATION NUMBER: **G06361900017**

This will acknowledge the filing of the above fictitious name registration which was registered on December 27, 2006. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section
Division of Corporations Letter No. 706A00072844

Account number: 072100000032 Account charged: 50.00

P.O. BOX 6327 -Tallahassee, Florida 32314