

ORIGINAL

070090-T1

IXC REGISTRATION FORM

Company Name Type Communications

Florida Secretary of State Registration No. 65-0908513

Fictitious Name(s) as filed at Fla. Sec. of State Type Communication

Company Mailing Name Type Commnications

Mailing Address P.O. Box 831657

Miami FL 33165

Web Address \_\_\_\_\_

E-mail Address Typecomm@gmail.com

Physical Address 33 SW 8th Street

Homestead FL 33033

Company Liaison Type Communications

Title Cooperated

Phone 305 271 7116

Fax 305 271 4772

E-mail address Type comm@gmail.com

Consumer Liaison to PSC \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

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.

AA [Signature]

Signature of Company Representative

Osamah Sarsar

Printed/Typed Name of Representative

1-26-07

Date

Effective: 07/15/2003

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK