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Suite 1200
106 East College Avenue
Tallahassee, FL 32301
www.akerman.com
850 224 9634 tel 850 222 0103 fax

090388

July 28, 2009

RECEIVED-PPSC
09 JUL 28 PM 4:49
COMMISSION
CLERK

Hand Delivery

Ms. Ann Cole, Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32309

Re: Request for Name Change to Include Additional Fictitious Names Associated with Cox Florida Telcom, L.P.'s IXC Registration

Dear Ms. Cole:

Please find the original and 7 copies of this letter, which are provided as notice that Cox Florida Telcom, L.P d/b/a Cox Communications d/b/a Cox Business Services (TK015) will be operating under the d/b/a of "Cox Business," rather than "Cox Business Services," and thus requests that its IXC registration be modified accordingly. In addition, the Company would like to add the additional d/b/a of "Cox." Enclosed are labels with the appropriate name for the Commission's copy of the tariff: Cox Florida Telcom, L.P d/b/a Cox Communications d/b/a Cox Business d/b/a Cox. A copy of the registration of the fictitious names is included.

COM _____
ECR _____
GCL 1
OPC _____
RCP 1
SSC _____
SGA _____
ADM _____
CLK 1

Thank you for your assistance in this matter. Should you have any questions whatsoever,

* Labels forwarded.

DOCUMENT NO. DATE
07698-09 07/28/09
PPSC - COMMISSION CLERK

Ms. Ann Cole, Clerk
July 28, 2009
Page 2

please do not hesitate to contact me.

Sincerely,



Beth Keating
AKERMAN SENTERFITT
106 East College Avenue, Suite 1200
Tallahassee, FL 32302-1877
Phone: (850) 224-9634
Fax: (850) 222-0103

Enclosures

cc: Mr. Ray Kennedy

203

Addendum (Section 2)

- I. Cox Communications Gulf Coast, L.L.C.
1400 Lake Hearn Drive
Atlanta, GA 30319

Florida Registration Number: M99000001448

FEIN Number: 58-2487265



CORPORATION SERVICE COMPANY

30f3

RECEIVED

07 NOV 30 PM 2:49

ACCOUNT NO. : 072100000032

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REFERENCE : 339128

7394007

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 50.00

ORDER DATE : November 30, 2007

ORDER TIME : 1:42 PM

ORDER NO. : 339128-295

CUSTOMER NO: 7394007

FICTITIOUS NAME REGISTRATION

FICTITIOUS NAME: COX BUSINESS

Please file the attached registration, of the fictitious name shown above and return the document(s) indicated below:

XX Plain Stamped Copy

CONTACT PERSON: Cindy Harris - Ext. 2937

EXAMINER'S INITIALS: _____

1093

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

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

Section 1

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

1201 Hays Street

Mailing Address of Business
Tallahassee, FL 32301

City State Zip Code

3. Florida County of principal place of business: multiple

(see instructions if more than one county)

FILED

2007 NOV 30 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Entity Name: CoxCom, Inc.
Address: 1400 Lake Hearn Drive
Atlanta, GA 30319
City State Zip Code
Florida Registration Number: P97000000872
FEI Number: 95-2755479
 Applied for Not Applicable

2. Entity Name: Cox Florida Telcom, L.P.
Address: 1400 Lake Hearn Drive
Atlanta GA 30319
City State Zip Code
Florida Registration Number: B97000000281
FEI Number: 58-2310381
 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] 10/15/07
Signature of Owner Date
Andrew A. Mendak
Phone Number: 678-645-0000

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

Addendum (Section 2)

1. Cox Communications Gulf Coast, L.L.C.
1400 Lake Hearn Drive
Atlanta, GA 30319

Florida Registration Number: M99000001448

FEIN Number: 58-2487265



CORPORATION SERVICE COMPANY

303

RECEIVED
07 NOV 30 PM 2:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 339128 7394007

AUTHORIZATION :
COST LIMIT *50.00*

ORDER DATE : November 30, 2007
ORDER TIME : 1:43 PM
ORDER NO. : 339128-300
CUSTOMER NO: 7394007

FICTITIOUS NAME REGISTRATION

FICTITIOUS NAME: COX

Please file the attached registration, of the fictitious name shown above and return the document(s) indicated below:

Plain Stamped Copy

CONTACT PERSON: Cindy Harris - Ext. 2937

EXAMINER'S INITIALS: _____