

090427-TL

IXC REGISTRATION FORM

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Company Name O-Bit, Inc. 09 SEP -1 PM 3: 37

Florida Secretary of State Registration No. P09000064168 COMMISSION
Fictitious Name(s) as filed at Fla. Sec. of State CLERK

Company Mailing Name 600 N. Thacker Ave. Ste. A6 Kissimmee, FL 34741
Mailing Address 600 N. Thacker Ave. Ste. A6 Kissimmee, FL 34741
Web Address _____
E-mail Address JIM.M@O-BIT.NET
Physical Address 600 N. Thacker Ave. Ste. A6 Kissimmee, FL 34741

Company Liaison Jim Mergenthaler
Title Managing Director
Phone 407-694-4927
Fax 815-301-8657
E-mail address JIM.M@O-BIT.NET

Consumer Liaison to PSC Jim Mergenthaler
Title Managing Director
Address 600 N. Thacker Ave. Ste. A6 Kissimmee, FL 34741
Phone 407-694-4927
Fax 815-301-8657
E-mail address JIM.M@O-BIT.NET

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.

- COM _____
- ECR _____
- GCL _____
- OPC _____
- RCP
- SEC _____
- SGA _____
- ADM _____
- CLK L

[Signature]
Signature of Company Representative

JAMES MEREGENTHALER

Printed/Typed Name of Representative

Date

8/13/09

* Tariff forwarded.

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK