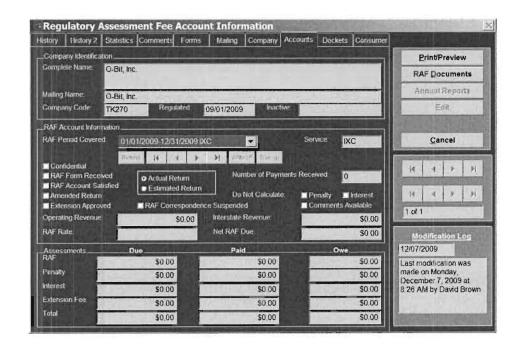
REQUEST TO ESTABLISH DOCKET (Please type or print. File original plus 1 copy with CLK.)								
Date:	4/30/2010			Docket No.:	100259-77			
1. From Staff / Division:		ision:	Pruitt/ Rad					
2. OPR:	RAD							
3. OCR:	GCL							
4. Suggested Docket Title:			Compliance investigation of IXC Registration No. TK270, issued to O-Bit, Inc., for apparent first-time violation of Section 364.336, Florida Statutes, and Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.					
5. Program/Module/Submodule Assignment:			lule Assignment:		A18a, A10	## 3 9		
6. Suggested Docket Mail List.								
a. Provide NAMES/ACRONYMS, if regi			ONYMS, if register	ed company.	☐ Provided as an At	tachment		
Company (if applicab TK270		Parties (include a	address, if different	t from MCD):	Representatives (name	e and address):		
b. Pro	vide CO	MPLETE I	NAME AND ADDRE	SS for all other	s. (match representativ	ves to companies)		
Company Code, Interested persons,								
if applicable:		(include address, if different from MCD):			Representatives (name	e and address):		
7. Check o	ne:	⊠ Supp	orting Documentat	tion Attached	☐ To be provided wi	th Recommendation		
Comments:								

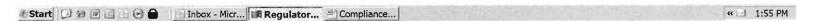
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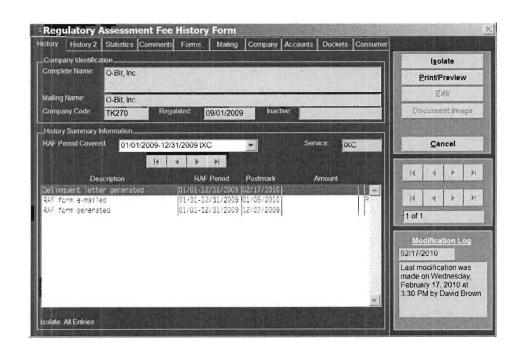
TK270-09-0-D

\$11, 13	17 to 18
 Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery Addressee D. In delivery archives different from item 12 Ves
Article Addressed to: TK270	D. No delivery address different from item 1? If YES, enter delivery address below: No
Mr. Dave Breith O-Bit, Inc. 1331 Lexington Avenue	
Davenport, FL 33837-1703	3. Service Type ALCertified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7009 31	70 0005 4775 0885
PS Form 3811, February 2004 Domest	Petum Receipt 108995-02-M-1540

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REGULATORY ASSESSMENT FEE NOTICE

(See Filing Instructions on Buck of Form)

TK270-09-0-R

O-Bit, Inc.

600 North Thacker Avenue, Suite A6

Kissimmee, FL 34741-4807