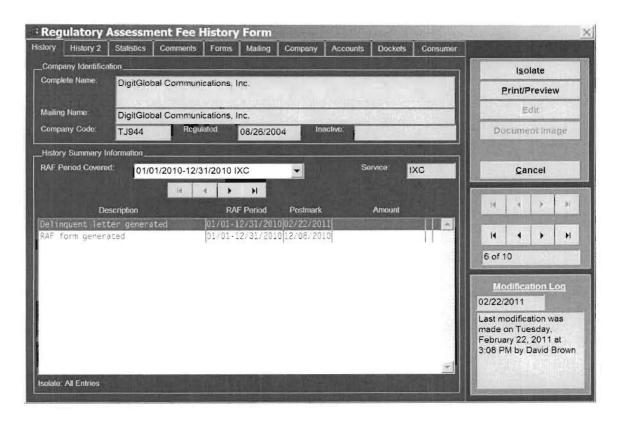
Date:	5/24/2011		Docket No.:	10183-T1 11 MAY 24 PM 3: 07	
1. From Staff / Division:		n;	Division Of Regulatory Analysis/Toni Farnhart		
2. OPR:	Toni Earnhart, RAD			CLERK	
3. OCR:	GCO		5 to ta () ()		
4. Suggested Docket Title:			Compliance investigation of IXC Registration No. TJ944, issued to D Communications, Inc., for apparent second-time violation of Section 364.336, Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications.		
5. Progra	am/Module/S	ubmo	dule Assignment:	A18a, A10	
6. Sugge	sted Docket	Mail L	ist.		
a. Pr	ovide NAME	S/ACR	ONYMS, if registered company.	☐ Provided as an Attachment	
Company if applica TJ944	0000,	rties clude	address, if different from MCD):	Representatives (name and address):	
b. Pr Company if applica	Code, Int	ereste	NAME AND ADDRESS for all oth d persons, if any, address, if different from MCD):	ers. (match representatives to companies) Representatives (name and address):	
7. Check	one:	Supp	porting Documentation Attached	☐ To be provided with Recommendation	
Commen	ts:				

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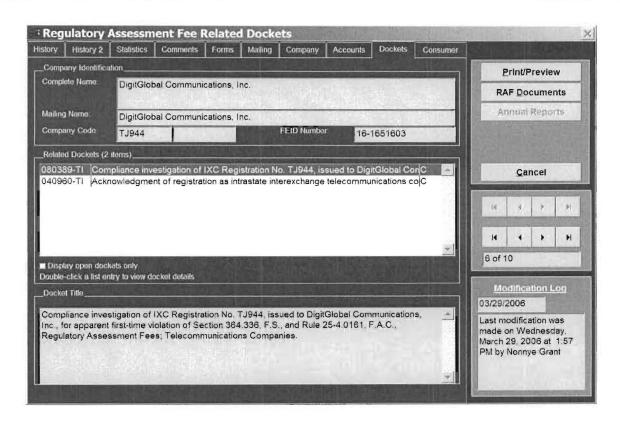
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COMPANY IDENTIFICATION

Printed on 05/24/2011 at 09:41:00 by TJE

Complete Name: DigitGlobal Communications, Inc.

Mailing Name: DigitGlobal Communications, Inc.

Company Code: TJ944 FEID Number: 16-1651603

RAF ACCOUNT FOR THE PERIOD 01/01/2010 THROUGH 12/31/2010

Reg. Date: 08/26/2004 Inactive Date:

Service: IXC - Interexchange Telephone

Received: No RAF Form

Status: Pending

Amended: No Extension: No Frozen: No Comments: No

Payment Count: 0 Payments Made to Date

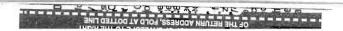
Operating Rev: \$0.00 Interstate Rev: \$0.00

RAF Rate:

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Wednesday, December 8, 2010 at 1:00 PM by David Brown

COMPLETE THIS SECTION ON DELIVERY	
A. Signature X	
3. Service Type Certified Mail	
0100 0003 1056 7688	



SENDER: COMPLETE THIS SECTION	14 (4 (4) V)	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse. 		A. Signature X
so that we can return the card to you. Attach this card to the back of the mailp or on the front if space permits.	lpiece,	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:		D. Is delivery address different from item 1?
TJ944-10-0-D DigitGlobal Communications, Inc. 80-02 Kew Gardens Road, Suite		
Kew Gardens, NY 11415-3607	, ,	3. Service Type Certified Mail Registered Insured Mail C.O.D.
		4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	7006 0	1700 0003 702F JP88
PS Form 3811, February 2004	omestic Ret	turn Receipt 102595-02-M-1540

Certified Mail Pro
A mailing receipt
A unique identifier to
A record of delivery
Important Reminders
Certified Mail in not
NO INSURANCE of valuables, please co
delivery. To obsimin Refereipt (PS Form 36 delivery. To obsimin Refereipt (PS Form 36 duplicate return refequired.

For an additional fee aduplicate return refequired.

For an additional addressee's authorized addressee's authorized addressee's authorized receipt is not neede IMPORTANT: Save the Internet access to did addressee's to make the coept is not neede IMPORTANT: Save the Internet access to did addressee's to did addressee's to did addressee's authorized addressee's authorized addressee's authorized addresses at the coept and addressed to APOS s