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MAIL ROOM

Lance J.M. Steinhart
Attorney At Law
6455 East Johns Crossing
Suite 285
Duluth, Georgia 30097

Also Admitted in New York
and Maryland

Telephone: (770) 232-9200
Facsimile: (770) 232-9208

February 9, 2000

VIA OVERNIGHT DELIVERY

Florida Public Service Commission
Division of Records & Reporting
2540 Shumard Oak Blvd.
Gunter Bldg.
Tallahassee, Florida 32399-0850

Re: Alliance Network, Inc.
Docket No. 990804-TX
Certificate No. 7145

000166-TX

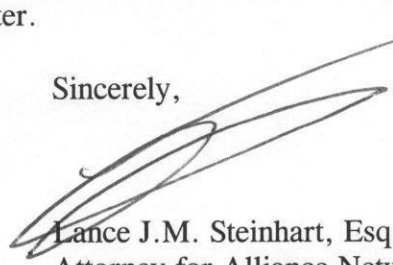
Dear Sir/Madam:

Please be advised that Alliance Network, Inc. will be using the fictitious name of "C2K, Inc." and hereby requests that its fictitious name be added to its Certificate No. 7145. I have enclosed herewith a copy of the company's fictitious name registration as filed with the Secretary of State.

Please return a stamped copy of the extra copy of this letter in the enclosed preaddressed prepaid envelope.

If you have any questions regarding this matter, please do not hesitate to call me. Thank you for your attention to this matter.

Sincerely,



Lance J.M. Steinhart, Esq.
Attorney for Alliance Network, Inc.

- AFA _____
- APP _____
- CAF _____
- CMJ _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- SEC _____
- WAW _____
- OTH _____

Enclosures
cc: Don Angle, MD

DOCUMENT NUMBER-DATE

01809 FEB 10 8

FPSC-RECORDS/REPORTING

AUG-17-99 10:26 AM



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 19, 1999

G2K, INC.
1001 HOWARD AVE., STE. 3500
NEW ORLEANS, LA 70113

Subject: G2K, INC.

REGISTRATION NUMBER: G99231900039

This will acknowledge the filing of the above fictitious name registration which was registered on August 19, 1999. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

UCC Liens
Division of Corporations

Letter No. 599A00041760

State of Florida



Department of State

I certify from the records of this office that C2K, INC. is a Fictitious Name registered with the Department of State on August 19, 1999.

The Registration Number of this Fictitious Name is G99231900039.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 866.09, Florida Statutes.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Nineteenth day of August, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

08/19/99 11:10 FAX 170 202 0200

LANCE STEINHART

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AUG 19 1999

0002/002

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

23 AUG 19 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Section 1

1. CSX, Inc.
Fictitious Name to be Registered

2. 1001 Howard Ave, Ste 3500
Mailing Address of Applicant

New Orleans, LA 70113
City State Zip Code

3. Multiple
Number of principal places of business

4. 72-1443271
FPI Number

File name in office use only

Section 2

A. Name(s) of Fictitious Name if individual(s) (Use an attachment if necessary):

1. Last	First	M.I.	2. Last	First	M.I.
Address	Address				
City	State	Zip Code	City	State	Zip Code

B. Name(s) of Fictitious Name if other than individual(s) (Use attachment if necessary):

1. <u>Allipeds Network, Inc.</u> Entity Name	2. <u>Indymedia</u>
<u>1001 Howard Ave, Ste 3500</u> Address	Address
<u>New Orleans, LA 70113</u> City State Zip Code	City State Zip Code
<u>F 19000003382</u> Fictitious Name Number	Fictitious Name Number
<u>72-1443271</u> FPI Number	FPI Number
<input checked="" type="checkbox"/> Applicable	<input type="checkbox"/> Not Applicable

Section 3

I (we) the undersigned, being the sole (or one) principal(s) owning interest in the above fictitious name, certify that the information contained on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been published at least once in a newspaper of general circulation in the county where the applicant's principal place of business is located. I (we) understand that the applicant(s) herein shall have the same legal effect as if the name were registered. (At least one signature required)

[Signature] 8/16/99
Signature of Owner Date

Phone Number: 1001 586-3000 Fax Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTIONS 1 ONLY
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 2:

I (we) the undersigned, hereby cancel the fictitious name _____ which was registered as _____ and was assigned registration number _____

Signature of Owner Date Signature of Owner Date

Mail fee applicable to: Fictitious Name - \$10 Ownership Change - \$50
Filing Fee: \$25
Note: Acknowledgment will be sent to the address in Section 1 only. ENC-001 (2/99)