State of Florida



## Hublic Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FLORIDA 32399-0850

## -M-E-M-O-R-A-N-D-U-M-

**DATE:** July 26, 2007

**TO:** Ann Cole, Commission Clerk – PSC, Office of Commission Clerk

**FROM:** Toni J. McCoy, Regulatory Analyst II, Division of Competitive Markets & Enforcement

**RE:** Docket No. 070407-TI; Replacement IXC Registration Form

Please add the attached replacement IXC Registration Form to the docket file.

I have enclosed 2 extra copies if needed.

The original IXC Registration Form initially submitted was not fully completed.

Call 413-6532, if you have any questions.



ORIGINAL

CMP \_\_\_\_\_ COM \_\_\_\_\_ CTR \_\_\_\_\_ ECR \_\_\_\_\_ GCL \_\_\_\_\_ GCL \_\_\_\_\_ GCL \_\_\_\_\_ GCL \_\_\_\_\_ GCL \_\_\_\_\_ SCR \_\_\_\_\_ SGA \_\_\_\_\_ SEC \_\_\_\_ OTH <u>NONN</u>(C

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## IXC REGISTRATION FORM

Company Name	Comtel Networks, Corp.
Florida Secretary of State Registration No. P05000056097	
Fictitious Name(s) as filed at Fla. Sec. of State	
Company Mailing Nar	ne Comtel Networks, Corp.
Mailing Address	7724 Harding Avenue, Suite 15, Miami Beach FL33141, USA
Web Address	http://voip.comtel-networks.com
E-mail Address	maxglucksmann@comtel-networks.com
Physical Address	7724 Harding Avenue, Suite 15, Miami Beach FL33141, USA
Company Liaison	Max Glucksmann
Title	Owner
Phone	954-826-0231
Fax	954-827-0990
E-mail addres	maxglucksmann@comtel-networks.com
Consumer Liaison to I	PSC Max Glucksmann
Title	Owner
Address	7724 Harding Avenue, Suite 15, Miami Beach FL33141, USA
Phone	954-826-0231
Fax	954-827-0990
E-mail addres	s maxglucksmann@comtel-networks.com

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.

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Signature of Company Representative

Max Glucksmann

Printed/Typed Name of Representative

7/26/2007

Date

Form PSC/CMP-31 (Rev 8/05)

DOCUMENT NUMBER-DATE

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