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IXC REGISTRATION FORM

Company Name Point XChange Telecom, Inc.

Florida Secretary of State Registration No. R562 436 67 384 0

Fictitious Name(s) as filed at Fla. Sec. of State _____

Company Mailing Name Point XChange Telecom, Inc.

Mailing Address 22732 Hawk Hill Loop Land O Lake, FL 34639

Web Address www.pextel.com

E-mail Address jramirez2007@gmail.com

Physical Address 2000 Ponce De Leon BLVD Suite 511 Coral Gable FL 33134

Company Liaison Jose Ramirez

Title COO

Phone 305-890-8688

Fax 305-648-2596

E-mail address jose@pextel.com

Consumer Liaison to PSC Jose Ramirez

Title COO

Address 22732 Hawk Hill Loop Land O Lake, FL 34639

Phone 305-890-8688

Fax 305-648-2596

E-mail address jose@pextel.com

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COMMISSION
CLERK

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.

[Handwritten Signature]

Signature of Company Representative

Jose Ramirez

Printed/Typed Name of Representative

June 23, 2008

Date

* Tariff forwarded to cm A.

DOCUMENT NUMBER-DATE

05539 JUN 26 08

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