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March 24, 2009 Overnight Delivery

COMMISSION

2600 Maitland Center Pkwy. Ms. Ann Cole, Commission Clerk

Suite 300

Office of Commission Clerk & Administrative Services

Maitland, FL 32751

Florida Public Service Commission

2540 Shumard Oaks Boulevard

P.O. Drawer 200

Winter Park, FL

Tallahassee, FL 32399-0870

Fax:

32790-0200

Tel

407-740-8575 407-740-0613 RE:

Name Change Notice for Americatel Corporation d/b/a 1010 123 Americatel

d/b/a 10-15-688 Ametex, d/b/a 1 800 3030 123 Americatel Collect

Docket No. 090133-TI

www.tminc.com

Dear Ms. Cole:

Please accept the original and three (3) copies of this letter. Americatel Corporation has provided Secretary of State for new d/b/a "Startec". The Company requests that this be included to the current name change request under Docket No. 09-0133-TI.

The Company will continue to market and offer its services under the trade name of "Americatel Corporation d/b/a 1010 123 Americatel d/b/a 10-15-688 Ametex d/b/a Startec" without change or interruption.

The following are the certification number and the current d/b/a's and the new d/b/a:

- TTO 40	14/1010	10/ 1010 100
TJ049	Americatel Corporation d/b/a 1010	Americatel Corporation d/b/a 1010 123
İ	123 Americatel d/b/a 10-15-688	Americatel d/b/a 10-15-688 Ametex
	Ametex, d/b/a 1 800 3030 123	d/b/a Startec (New)
	Americatel Collect (Current)	

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter, and returning it to me in the self-addressed, stamped envelope provided for that purpose. Any questions you may have regarding this filing may be directed to my attention at (407) 740-3001 or tforte@tminc.com.

Sincerely

Thomas M. Forte, Consultant to

Americatel Corporation

TMF/rg

cc:

A. Ares - Americatel

SGA file:

Americatel - FL IXC

ADM tms: FLx0901a

COM **ECR**

GCL

OPC

RCP SSC

> DOCUMENT NUMBER - DATE 02612 MAR 258



March 18, 2009

STARTEC 7361 CALHOUN PLACE SUITE 650 ROCKVILLE, MD 20855

Subject: STARTEC

REGISTRATION NUMBER: G09077900002

This will acknowledge the filing of the above fictitious name registration which was registered on March 18, 2009. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 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.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section Division of Corporations

Letter No. 909A00009235

Account number: 072100000032 Account charged: 50.00

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Fictitious Name to be Regi	Fictitious Name to be Registered (see instructions if name includes "Corp" or "inc"				
7361 Calhoun	Place, Suite 6	550			
Mailing Address of Business ROCKVILLE	MD	20855			
City	State	Zip Code			
Florida County of princ	cipal place of bus	siness:			
Multiple					
(see ins	tructions if more than or	ne county)			

Section 1

FILED 09 MAR 18 PM 12: 27

SECRETARY OF STATE JALLAHASSEE, FLORIDA

1.			2.			
	Last First	M.I.		Last	First	M.I.
	Address	······································	•	Address		
	City Stat	e Zip Code		City	State	Zip Code
B. 0	Owner(s) of Fictitious Nat Americatel Corpor		ividual: (U 2.	se attachment if ned	cessary):	
1.	7361 Calhoun Place, Suite 650		۷.	Entity Name		
	Address Rockville MI	20855		Address		
	City State Florida Registration Num	ከ20/195		city Florida Registration	State n Number	Zip Code
	FEI Number: 061344			FEI Number: Not Applied for \(\square \text{Not Applied for } \square \text{Not Applied for } \square \text{Not Applied for } \(\square \text{Not Applied for } \quare \text{Not Applied for } \qu		
	Applied for	□ Not Applicable				□ Not Applicable
l (we	e) the undersigned, being the sole	(all the) party(ies) owning intere	est in the abov	re fictitious name, certify that	at the information i	ndicated on this for
is tri	e) the undersigned, being the sole use and accurate. In accordance we de under oath. (At Least One Sign Signature of Owner (301) 61	ith Section 865.09, F.S., I (we) ature Required)	understand t	re fictitious name, certify that the signature(s) below s Signature of Owner One Number:	shall have the sam	ne legal effect as if 13-3009 ate
Ph	Signature of Owner (301) 610 OR CANCELLATION COMPONENTIAL OR FICTITIOUS NAME OR	ith Section 865.09, F.S., I (we) ature Required) Date 0-4339 PLETE SECTION 4 ONI OWNERSHIP CHANGE	Pho	Signature of Owner one Number:	Da	ine legal effect as if
Ph	Signature of Owner (301) 61 OR CANCELLATION COMINER FICTITIOUS NAME OR we) the undersigned, h	ith Section 865.09, F.S., I (we) ature Required) Date 0-4339 PLETE SECTION 4 ONI OWNERSHIP CHANGE	Pho-	Signature of Owner one Number: TE SECTIONS 1 TH	Da ROUGH 4:	ine legal effect as if

Mark the applicable boxes

☐ Certificate of Status — \$10

☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50