

ORIGINAL

From: Barbara Bailey
To: Linda Williams
Subject:
fwd: Dkt. No. 980978-Pats
Application

===NOTE=====8/10/98-11:03am==

Please change the docket title to read "service by Wright Communications". I will bring you a new copy of the application reflecting the name change. They have applied for a fictitious name registration. I will also provide a copy for you at that time. Thanks!

Fwd-by:-Linda-William=8/10/98-11:13am==
Fwd to: Kay Flynn

.....
Kay should we change this before we get the documentation?

Fwd-by:-Kay-Flynn=====8/10/98-11:18am==
Fwd to: Linda Williams

.....
Yes. Once you have received the copy of the application Barbara said she would bring, go ahead and make the change based on Barbara's note. Include in your description (per her note) that she will be providing a copy of the fictitious name registration.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH By Nonnye

By Nonnye
Dig Reed

DOCUMENT NUMBER-DATE

06482 AUG 10 88

DKL # 980978
ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Wright Communications

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

3. ADDRESS OF THE APPLICANT(S)

STREET 1629 SW 81ST Avenue Suite 280CITY North LauderdaleSTATE & ZIP CODE Florida 330684. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME ()

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP ()

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION ()

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME _____

ADDRESS _____

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATIOND. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

5. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME:

ROBERT D. ELMS

TITLE:

OWNER

PHONE:

954-718-6044

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC. OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES.

NO

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

N/A - NONE