

ORIGINAL



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February 22, 2002

RECEIVED FPSC
02 FEB 25 AM 10:10
COMMISSION
CLERK

BY OVERNIGHT MAIL

Ms. Blanca Bayó, Director
Division of Records and Reporting
Room 110, Easley Building
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

Re Request for Name Change

020161-TI

Dear Ms. Bayó:

AT&T Communications of the Southern States, LLC recently filed the fictitious name of CONQUEST with the Florida Secretary of State. A copy of an acknowledgement of the registration of the fictitious name is enclosed herein.

As such, AT&T Communications of the Southern States, LLC d/b/a AT&T d/b/a Lucky Dog Phone Co. d/b/a ACC Business d/b/a SmarTalk d/b/a Unispeaksm Service and d/b/a www.prepayserviceguide.com, holder of Certificate No. 69, an Interexchange Carrier Certificate, herewith requests that the name on the certificate be changed to AT&T Communications of the Southern States, LLC d/b/a AT&T d/b/a Lucky Dog Phone Co. d/b/a ACC Business d/b/a SmarTalk d/b/a Unispeaksm Service d/b/a www.prepayserviceguide.com d/b/a CONQUEST.

Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the same to me.

Thank you for your assistance with this filing.

Sincerely,

Virginia Tate / AD
Virginia C. Tate

Enclosure

DISTRIBUTION CENTER

2002 FEB 25 AM 8:26

RECEIVED & FILED

RAM

FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER - DATE

02176 FEB 25 02

COMMISSION CLERK



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 24, 2002

CONQUEST
6039 S. RIO GRANDE AVENUE
ORLANDO, FL 32809

Subject: **CONQUEST**

REGISTRATION NUMBER: **G02023900126**

This will acknowledge the filing of the above fictitious name registration which was registered on January 24, 2002. 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) 488-9000.

Reinstatement Section
Division of Corporations

Letter No. 502A00004029

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

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

FILED

02 JAN 23 PM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Section 1

1. ConQuest
Fictitious Name to be Registered

2. 6039 S. Rio Grande Ave.
Mailing Address of Business

Orlando FL 32809
City State Zip Code

3. Florida County of principal place of business: Orange

4. FEI Number: 22-3832814

This space for office use only

Section 2

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

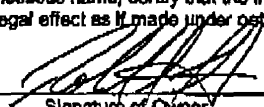
1. Last _____ First _____ M.I. _____ Address _____ City _____ State _____ Zip Code _____ SS# _____ (optional)	2. Last _____ First _____ M.I. _____ Address _____ City _____ State _____ Zip Code _____ SS# _____ (optional)
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B. Owner(s) of Fictitious Name if other than Individual(s): (Use attachment if necessary):

1. <u>AT&T Communications of the Southern States</u> <u>LLC</u> Entity Name <u>295 N. Maple Avenue</u> Address <u>Basking Ridge</u> <u>NJ</u> <u>07920</u> City State Zip Code Florida Registration Number <u>845822</u> FEI Number: <u>22-3832814</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	Entity Name Address City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
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Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Signature of Owner _____ Date _____ Phone Number: _____	Signature of Owner  Date <u>1/18/2002</u> Phone Number: _____
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Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

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

Signature of Owner _____ Date _____	Signature of Owner _____ Date _____
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Mark the applicable boxes Certificate of Status - \$10 Certified Copy - \$30 Filing Fee: \$50