

TELSCAPE

communications

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RECORDS AND
REPORTING

April 2, 2001

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0870

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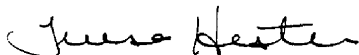
Dear Sir or Madam:

Please find enclosed three Change of Information on Regulated Utility forms, for certificates no. 4768 (Telscape USA, Inc.), 7219 (PointeCom, Incorporated) and 6097 (PointeCom, Incorporated).

I have also enclosed a copy of proof of Registration of the Fictitious Name of Telscape Communications for PointeCom, Incorporated, as well as pre-printed mailing labels for the same.

Please contact me if you require anything further.

Very truly,



Teresa Hester
Director, Regulatory Affairs
Telscape Communications

DOCUMENT NUMBER-DATE

04392 APR-90

PSC RECORDS/REPORTING

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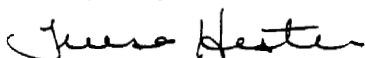
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Teresa Hester
Director, Regulatory Affairs
Telscape Communications



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 27, 2001

TELSCAPE COMMUNICATIONS
1325 NORTHMEADOW PARKWAY
SUITE 110
ROSWELL, GA 30076

Subject: **TELSCAPE COMMUNICATIONS**

REGISTRATION NUMBER: **G01085900185**

This will acknowledge the filing of the above fictitious name registration which was registered on March 27, 2001. 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.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/fv

Division of Corporations

Letter No. 101A00018349

State of Florida



Department of State

I certify from the records of this office that TELSCAPE COMMUNICATIONS is a Fictitious Name registered with the Department of State on March 27, 2001.

The Registration Number of this Fictitious Name is G01085900185.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-seventh day of March, 2001



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

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

Section 1

1. Telscape Communications
Fictitious Name to be Registered

2. 1325 Northmeadow Parkway, Suite 110
Mailing Address of Business

Roswell, GA 30076
City State Zip Code

3 Florida County of principal place of business: Dade

4. FEI Number: _____

601085300185
**00-008726/01--01128--011

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)

B. Owner(s) of Fictitious Name If other than Individuals(s): (Use attachment if necessary):

1. PointeCom, Incorporated
Entity Name
1325 Northmeadow Parkway, Suite 110
Address
Roswell, GA 30076
City State Zip Code
Florida Registration Number F990000000859
FEI Number: 58-2554576
☐ Applied for ☐ Not Applicable

2. Entity Name
Address
City State Zip Code
Florida Registration Number
FEI Number:
☐ Applied for ☐ Not Applicable

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. In accordance with Section 865.09, F.S., I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. 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 [Signature] Date 3/8/01
Phone Number: 770 432 6800

Signature of Owner _____ Date _____
Phone Number: _____

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 _____

Mark the applicable boxes Certificate of Status - \$10 ☒ Certified Copy - \$30
Filing Fee: \$50

CR4E-001

FW
3/27/01