



April 6 2004 Via Overnight Delivery

210 N. Park Ave. Winter Park, FL

32789

P.O. Drawer 200 Winter Park, FL 32790-0200

Tel: 407-740-8575 Fax: 407-740-0613 tmi@tminc.com Ms. Blanca Bayo

Director

Division of the Commission Clerk & Administrative Services

Florida Public Service Commission 2540 Shumard Oaks Boulevard Tallahassee, Florida 32399-0870

Re: Add Fictitious Name to Certificate of SNET America, Inc. to reflect

SNET America, Inc. d/b/a SBC Long Distance East

Company Code: TJ389 TI389

040308-TJ

Dear Mr. Bayo:

Please accept this letter and three (3) copies as a request to the Florida Public Service Commission on behalf of SNET America, Inc. to add the Company's recently adopted "d/b/a" and have the Company's certificate read SNET America, Inc. d/b/a SBC Long Distance East. Please process this request immediately.

The aforementioned change reflects the Company's adoption of the Fictitious Name of SBC Long Distance East. The Company retains the same ownership and contact information.

Attached as Exhibit A please find a copy is a copy of the Company's Florida Department of State fictitious name registration. Upon receipt of the notification of the revised certificate, we will reissue those tariff pages affected by the change.

Also enclosed are sufficient "header" labels to replace the Company's name in the header of each tariff page and sufficient "footer" labels to replace the Company's information in the footer of each tariff page.

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 this purpose.

Any questions regarding this filing should be directed to me at (407) 740-8575. Thank you for your cooperation and assistance.

EPSC-BUREAU OF RECORDS

Sincerely.

Thomas M. Forte

Consultant to SNET America, Inc.

TMF/sbm

Art Paquette, SNET America, Inc. d/b/a SBC Long Distance East cc:

SNET - FL file: tms:

FLx0401a

DOCUMENT NUMBER-DATE 04347 APR-73

FPSC-COMMISSION CLERK

habels forwardal to CMP.

EXHIBIT A

COPY OF FLORIDA DEPARTMENT OF STATE REGISTRATION OF FICTITIOUS NAME



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 10, 2003

SBC LONG DISTANCE EAST 310 ORANGE STREET NEW HAVEN, CT 06510

Subject: SBC LONG DISTANCE EAST

REGISTRATION NUMBER: G03314900072

This will acknowledge the filing of the above fictitious name registration which was registered on November 10, 2003. 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. 003A00061227

Note: Acknowledgements/certificates will be sent to the address in Section 1 only. FILED Jistance E 03 NOV 10 PM 4: 26 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc") Section 1 3. Florida County of principal place of business: (see instructions if more than one county) 4. FEI Number: 06-1368174 This space for office use only A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary): Last First Last Address Address City Zip Code City Zip Code Section B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary): Entity Name 10 Oca Address Florida Registration Number F95000000 Florida Registration Number FEI Number: 01-13/081 FEI Number: ☐ Applied for ☐ Not Applicable ☐ Applied for ☐ Not Applicable 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) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required) Section Signature of Owner Phone Number: 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 Section ___, which was registered on _____ and was assigned registration number_____ Signature of Owner Signature of Owner

Certificate of Status — \$10
FILING FEE: \$50

☐ Certified Copy — \$30

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

FL008 - 11/13/02 C T System Online

Mark the applicable boxes