State of Florida

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COMMISSION CLERK

-M-E-M-O-R-A-N-D-U-M-

DATE:

August 13, 2008

TO:

Ann Cole, Commission Clerk – PSC, Office of Commission Clerk

FROM:

Toni J. McCoy, Regulatory Analyst II, Division of Regulatory Compliance

ZXXX

RE:

Docket No. 080415-TI; Company Name Edit and Revised IXC Registration Form

Please add the attached revised IXC Registration Form for Point Exchange Telecom Inc.

The Florida Secretary of State (attached) details the company name as Point Exchange Telecom Inc.

Please correct the Commission Databases from the currently filed name *Point Xchange Telecom*, *Inc.* to the correct name *Point Exchange Telecom Inc.*

Call 413-6532, if you have any questions.

Attachments

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FPSC-COMMISSION CLERK

IXC REGISTRATION FORM

Company Name	Point Exchange Telecom Inc.	2009 JUL 28 1.1.10:
Florida Secretary of State Registration No.		CONTRACTOR
Fictitious Name(s) as	filed at Fla. Sec. of State	
Company Mailing Na	me Point Exchange Telecom Inc.	
Mailing Address	22732 Hawk Hill Loop Land O Lake, FL 34	639
Web Address		
E-mail Address	jramirez2007@gmail.com	
Physical Address	22732 Hawk Hill Loop Land O Lake, FL 34	639
Company Liaison	Jose Ramirez	
Title	President	
Phone	305-890-8688	
Fax	305-675-0459	
E-mail addres	ss jramirez2007@gmail.com	
Consumer Liaison to	PSC Jose Ramirez	
Title	President	
Address	2000 Ponce De Leon Blvd.	
Phone	305-890-8688	
Fax	305-675-0459	
E-mail addres	ss jramirez2007@gmail.com	

My company's tariff as required in Section 364.04, Florida Statutes, is enclosed with this form. I understand that my company must notify the Commission of any changes to the above information pursuant to Section 364.02, Florida Statutes. My company will owe Regulatory Assessment Fees for each year or partial year my registration is active pursuant to Section 364.336, Florida Statutes. My company will comply with Section 364.603, Florida Statutes, concerning carrier selection requirements, and Section 364.604, Florida Statutes, concerning billing practices.

> Jose Ramirez mpany Representative

Printed/Typed Name of Representative

DOCUMENT NUMBER - DATE

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