

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date: March 21, 1997

Docket No. 970359-TL

1. Division Name/Staff Name: Communications/T. Williams
2. OPR: T. Williams
3. OCR: _____

4. Suggested Docket Title: Request for name change on Interexchange Telecommunications Certificate No. 4774 from GLOBAL LINK TELECO CORPORATION d/b/a GLOBAL LINK or d/b/a GLOBAL TELECOMMUNICATIONS SOLUTION to GLOBAL LINK TELECO CORPORATION d/b/a GLOBAL LINK or d/b/a GLS.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.

APPLICATION FOR
REGISTRATION OF FICTITIOUS NAME

1. GTS
Fictitious Name to be Registered
2. 865 Collins Avenue
Mailing Address of Business
3. County of Dade
4. City of Miami Beach, Florida 33139
Zip Code
5. FEI Number: _____

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s) (use additional sheets if necessary):

1. Last First M.I.
Address
City State Zip Code
SS#
2. Last First M.I.
Address
City State Zip Code
SS#

B. Owner(s) of Fictitious Name If Corporation(s) (use additional sheets if necessary):

1. Global Link Teleco Corporation
Corporate Name
5697 Rising Sun Avenue
Address
Philadelphia, PA 19120
City State Zip Code
Corporate Document Number: F94000003703
FEI Number: 23-2758831
 Applied for Not Applicable
2. Corporate Name
Address
City State Zip Code
Corporate Document Number:
FEI Number:
 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. 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)

Chris J. Wawerzon ^{3/12/97}
Signature of Owner Date
Phone Number: 215-342-7700

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME 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

Certificate of Status — \$10

Certified Copy — \$30