

Company ID: 00128424

Avana Communications Corporation  
1690 Chantilly Drive  
Atlanta, GA 30324

BEFORE THE TENNESSEE REGULATORY AUTHORITY  
Nashville, TN

January 11, 2000

IN RE: CASE NUMBER: 99-00667

Application for Authority to Provide Operator Services and/or Resell Telecommunications Services in Tennessee Pursuant to Rule 1220-4-2-.57.

---ORDER---

This matter is before the Tennessee Regulatory Authority upon the application of the above-mentioned company for certification as a reseller or telecommunication operator service provider in Tennessee. The TRA considered this application at a Conference held on January 11, 2000 and concluded that the applicant has met all the requirements for certification and should be authorized to provide operator services and/or resell telecommunications services on an intrastate basis.

IT IS THEREFORE ORDERED:

1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as an operator service provider and/or reseller of telecommunications services for state-wide service in Tennessee as specified in its application on file with the Authority.
2. That said company shall comply with all applicable state laws and TRA rules and regulations.
3. That this order shall be retained as proof of certification with this Authority, and may be used to obtain appropriately tariffed service and billing arrangements from Authority authorized telecommunications service providers.

  
Chairman Melvin Malone

  
Director Sara Kyle

ATTEST:

  
Executive Secretary

  
Director Lynn Greer

**APPLICATION FOR CERTIFICATE  
TO PROVIDE OPERATOR SERVICES AND/OR  
RESELL  
TELECOMMUNICATION SERVICES IN TENNESSEE  
SECTION A**

Application is hereby made for a certificate of authority pursuant to Rule 1220-4-2-.57 to provide telecommunications services in the State of Tennessee.

**Part I : General Information**

A. Name of Applicant Avana Communications Corporation  
Full exact name of person, corporation, partnership, sole proprietorship, or other entity, for which application is made.

\_\_\_\_\_  
Legal name of applicant, if different from above.

Tenn. Secretary of State Certificate of Authority ID 0375631

Federal Taxpayer ID Number 58-2193081

Social Security Number for Applicants  
Applying as Individuals N/A

Any trade name(s), assumed name(s) or fictitious name(s) used by applicant:

AvanaCom  
\_\_\_\_\_  
\_\_\_\_\_

If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for the affiliate(s), as well as for the applicant.

Address 1690 Chantilly Drive City Atlanta

State GA Zip Code 30324 Phone No. (404) 633-3831  
(Use additional pages if necessary)

**\*\*\*IMPORTANT INFORMATION\*\*\***

If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information on all parts of this application as well as for the applicant. Provide this information on a separate attachment, if necessary.

**THIS SECTION FOR TRA USE ONLY**

Docket Number. \_\_\_\_\_

Company ID Number \_\_\_\_\_

Date Approved \_\_\_\_\_

Evaluator \_\_\_\_\_

B. Describe other businesses or business transactions, if any, at the same location as the principal business address: N/A

C. Provide the name, business and home address of and a chronological summary of the employment history and business experience over the preceding eight years of:

- (a) The proprietor, if the applicant is an individual;
- (b) Every member, if the applicant is a partnership;
- (c) Each Executive Officer, Director and each Key Stockholder if the applicant is a joint stock association or a corporation. (Note: If the applicant is a publicly traded corporation or a subsidiary of such a corporation it does not need to provide this information)
- (d) Any person in a position to exercise control over or direction of, the business of the applicant, regardless of the form of organization of the applicant.

Information to be included:

NAME	TITLE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
BUSINESS ADDRESS			PHONE No.
HOME ADDRESS			PHONE No.
EMPLOYMENT HISTORY			

See Exhibit A

**Provide the above requested information on separate attachments.**

D. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity?  
\_\_\_\_\_ Yes   X   No If yes, please explain fully.

E. Has the Tennessee Regulatory Authority, or any other agency of the State of Tennessee, any federal agency or any agency of any other state ever initiated a regulatory action or order against the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust)?  
\_\_\_\_\_ Yes   X   No If yes, please explain fully.

(1) Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust), been enjoined or restrained by order by any court or state or federal regulatory or law enforcement entity from engaging in any conduct or practice related to the telecommunications business? \_\_\_\_\_ Yes   X   No If yes, please explain fully

F. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business who has ceased providing telecommunications services in any state, describe the circumstances. (Use additional pages if necessary)

G. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust) been convicted of any crime or crimes, or charged in court with any fraudulent or dishonest acts in any transaction of any kind, or confined in any penal institution? If so, list such persons, give details, state results and final outcome. (Use additional pages if necessary)

(1) Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust) been indicted, convicted, pled guilty or pled nolo contendere to a felony in Tennessee or elsewhere?  
\_\_\_\_\_ YES   X   NO If yes, please explain fully.

H. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday.

Ron McCallum (404) 633 - 3831 (404) 638 - 6057  
Name Phone No. Fax No.  
(800) 841-5858 e-mail Address ronmccallum@avana.net

(1) Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday.

Davinci McNab (770) 446- 7242 (770) 446- 7243  
Name Phone No. Fax No.  
(800) \_\_\_\_\_ e-mail Address dmcnab@cha-atlanta.com

I. List a toll-free telephone number and mailing address that consumers can call or write to report service problems and/or request refunds or adjustments.

800-841-5858 (404) 633-3831  
PHONE NUMBER ALTERNATE PHONE NUMBER  
1690 Chantilly Drive Atlanta GA 30324  
ADDRESS CITY ST ZIPCODE

(J) Provide the name and address of the registered agent for service of process:

National Registered Agents, Inc.  
1912 Hayes Street, Nashville, TN 37203

(K) Identify all authorized agents in the state, if any by name, address, business and home phone numbers and any other businesses conducted by the agent at the same location: (use additional sheets if necessary) N/A

Part II:

A. Check the type of telecommunication services you plan to provide in Tennessee.

\_\_\_ Resell Interexchange long distance services  
\_\_\_ Operator Services  
  X   Resell local services  
\_\_\_ Other (describe) \_\_\_\_\_

- None.

**If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information for all as well as for the applicant. Provide this information on a separate attachment, if necessary.**

- None.

- State-wide

- a. Business   x    
b. Residential   x    
c. Aggregators         
(e.g. Hotels, Payphones)  
d. Other (specify) \_\_\_\_\_

- intrastate telephone calls over its network? If yes, specify amount. N/A

- carriers' price for similar services? Yes ☒ No ☐

- See Exhibit B

- What is the applicant's 10XXX or 800 access code, if applicable? N/A

- (e.g. switches, fiber lines) in Tennessee? No

4

L What facility-based network(s) will the applicant be reselling? N/A

M Will the applicant be utilizing the local telephone company's billing system or billing customers directly<sup>2</sup>? Billing customers directly

N Describe briefly how the applicant plans to market their services in Tennessee?

Avana will make use of an agents program in which independent agents will introduce and promote our services in Tennessee .

O If independent telemarketers are to be used, list the name, contact person, address phone number and federal taxpayer ID for each company. N/A

COMPANY NAME	CONTACT	ADDRESS	CITY	ST	ZIP	PHONE
--------------	---------	---------	------	----	-----	-------

COMPANY NAME	CONTACT	ADDRESS	CITY	ST	ZIP	PHONE
--------------	---------	---------	------	----	-----	-------

COMPANY NAME	CONTACT	ADDRESS	CITY	ST	ZIP	PHONE
--------------	---------	---------	------	----	-----	-------

COMPANY NAME	CONTACT	ADDRESS	CITY	ST	ZIP	PHONE
--------------	---------	---------	------	----	-----	-------

P Describe the methods and procedures by which the applicant will use to switch a consumer's preferred interexchange service, if applicable. Use additional pages if necessary. If you have written procedures or company guidelines, attach copies.

Customers will sign an Avana Letter of Agency (LOA) which will be submitted to the access provider. The provider will be responsible to the technical aspects of the transfer, Avana will be responsible for billing & customer service.

Q. Applicant has the ability and agrees to honor the form of call blocking that the consumer has subscribed to with their local telephone company. Yes x No       

R Applicant gives permission to the local telephone company to provide the Authority

applicant's request to be rejected.

<sup>2</sup>A copy of a bill is required if the applicant is going to bill the customer directly.

a periodic sample of the reseller's intrastate toll calls. The purpose of this analysis is to audit the reseller's rates to assure they are at or below the dominant carrier's tariffed rates. Yes x No       

## Part III: Organization Structure

**A. Applicant's organizational structure**

       x Corporation

Publicly Traded Corporation

    x     **Subsidiary of a Publicly Traded Corporation**

\_\_\_\_\_ Limited Liability Corporation      Attach a copy of the articles of organization and operating agreement along with amendments.

\_\_\_\_\_ Other Form of Corporation

List type \_\_\_\_\_ (Example S Corporation)

**Attach a copy of the charter, bylaws and/or certificate of incorporation.**

## Association

**Attach a copy of the charter, bylaws and/or certificate of incorporation and Letter of Authorization from Tennessee Secretary of State**

Joint Stock Association

**Attach a copy of the charter, bylaws and/or certificate of incorporation. and Letter of Authorization from Tennessee Secretary of State.**

Trust

**Attach a copy of the trust agreement and Letter of Authorization from Tennessee Secretary of State.**

Individual

**Attach a copy of the Letter of Authorization from Tennessee Secretary of State**

**SECTION (a)-(g) is to be completed if applicant is a Corporation Association or Trust**

(a) The date and state of formation/incorporation: 7/13/95; Georgia

(1) Parent Company, if applicable New Millennium Multimedia, Inc.

(b) Attach a certificate of good standing from the state in which the applicant was incorporated/formed.

See Certificate of Existence in Exhibit C

(c) The date admitted into Tennessee, if a foreign corporation:

8/17/99

(1) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.

Exhibit D

(d) Describe the corporate structure of the applicant, including the identity of any parent or subsidiary of the applicant. Disclose whether any parent or subsidiary is publicly traded on any stock exchange.

Exhibit E

(e) Provide the history of material litigation and criminal convictions of every current director, executive officer, or key shareholder of the applicant for the ten-year period prior to the date of this application. N/A

(f) If applicable, attach a copy of the instrument creating the trust and all amendments thereto:

B.        Proprietorship

       Partnership

       General Attach a copy of the partnership agreement along with any amendments.

       Limited Attach a copy of the certificate of limited partnership and the partnership agreement along with any amendments.

       Other (Explain on separate sheet)

All of the above will be required to submit a valid business license.

(a) Identify the place and date of the applicant's qualifications to provide telecommunications services in this state.

(b) List the full name, social security number and address of the owners, if a sole proprietorship, or all partners identifying the percentage of ownership:  
**ATTACH ADDITIONAL PAGES AS NECESSARY**

C. Number of employees:       6      .

Employer Identification Number (E.I. N.)       K92170342      

#### Part IV: Financial Information

A. Address where business records are kept: 1690 Chantilly Drive  
street

<u>Atlanta</u>	<u>GA</u>	<u>30324</u>	<u>(404) 633-3831</u>
CITY	STATE	ZIP CODE	PHONE NUMBER

B. Attach a copy of the applicant's unconsolidated and consolidated audited financial statements for the current year and if available, for the immediately preceding three-year period. Provide in detail the applicant's financial condition, including balance sheet and income statement, or a copy of IRS form 1120 or 1065 filed by your business for the previous year. Attach, if available, a copy of your company's 10K and/or stockholder reports. See Exhibit F

(1) Fiscal year end: Month Dec Day 31

(2) Date of most recent audited, unconsolidated financial statement of Applicant:  
12/31/99, 6/30/99

(3) If applicable, name and address of independent certified public accountant:



(4) Period covered by financial statement attached: 1998, 6/30/99

C. Does the applicant currently have an internal auditor and/or internal audit program? NO

If so, Name of internal auditor N/A

D. If applicable, provide a history of applicant's material litigation and criminal convictions for the ten-year period prior to the date this application is made. Material litigation is defined as any litigation that, according to generally accepted accounting principles, is deemed significant to a person's financial health and would be required to be referenced in annual audited financial statements, reports to shareholders or similar documents. N/A

Part VI: Rule Compliance Agreement

- A. Have you received, read, and understand the Tennessee Regulatory Authority's (TRA) Reseller Rules and Regulations, (Appendix III) in its entirety?  
x Yes        No
- B. Do you understand the penalties for non-compliance, and all associated fees to provide such service?        x Yes        No

Mail the completed application and a check for \$50.00 to: Tennessee Regulatory Authority, P.O. Box 198907, Nashville, TN 37219-8907. Should you have any questions, call (615) 741-7489, ext. 163.

The Reseller or Operator Service Provider applicant, hereby, affirms the following:

Will comply with the TRA Reseller Rules and all other applicable Authority Rules and state laws, including T.C.A. Section 65-5-206 (Appendix IV),

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this RESELLER APPLICATION and all attachments and appendices are true and correct to the best of my knowledge and belief. I further understand that omissions or inaccuracies may result in denial of the APPLICATION and grounds for revocation of Certificate of Authority.

For Individual and Partners:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PRINTED NAME

For Corporations  
and Other Organizations

BY:

Avana Communications Corporation  
\_\_\_\_\_  
(NAME OF CORPORATION)  
  
\_\_\_\_\_  
SIGNATURE

Richard S. Granville  
\_\_\_\_\_  
PRINTED NAME

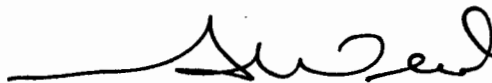
Chairman/Ceo  
\_\_\_\_\_  
Title

ATTEST:

\_\_\_\_\_  
\_\_\_\_\_  
Title

On this the 20<sup>th</sup> day of Sept, 1999 before me, a Notary Public  
M. A. Wood

known to me to be the person(s) named in, and who executed the foregoing application, being duly sworn according to law, deposes and says that the statements and representations set forth in the above application are true and correct to the best of his/her knowledge and belief.

  
\_\_\_\_\_  
Notary Public

Notary Public, Gwinnett County, Georgia  
My Commission Expires April 8, 2000  
Seal

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : K92170342  
CONTROL NUMBER : K521964  
DATE INC/AUTH/FILED: 07/13/1995  
JURISDICTION : GEORGIA  
PRINT DATE : 08/05/1999  
FORM NUMBER : 211

NEW MILLENNIUM MULTIMEDIA/AVANA  
RONALD MCCALLUM  
1690 CHANTILLY DRIVE  
ATLANTA, GA 30324

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**AVANA COMMUNICATIONS CORPORATION**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox  
Secretary of State

AVANA COMMUNICATIONS CORPORATION

ARTICLES OF INCORPORATION

ARTICLE I

The name of the Corporation is: "Avana Communications Corporation".

ARTICLE II

The Corporation is a for profit corporation as authorized by the Georgia Business Corporation Code; shall be organized pursuant thereto and shall enjoy all of the rights, privileges and immunities as provided for therein.

ARTICLE III

The Corporation shall have authority to issue ~~ten~~ *one hundred* thousand (100,000) shares of common stock.

The common stock of the Corporation shall possess all such rights and privileges as are afforded to capital stock by applicable law, including, but not limited to, the following rights and privileges:

- (a) Dividends may be declared and paid or set apart for payment upon the common stock out of any assets or funds of the Corporation available for payment of the dividends;
- (b) The holders of common stock shall have the right to vote for the election of officer's and on all other matters requiring stockholder action, each share being entitled to one vote; and

- (c) Upon the voluntary or involuntary liquidation, dissolution or winding-up of the Corporation, the net assets of the Corporation available for distribution shall be distributed pro rata to the holders of the common stock in accordance with their respective rights and interests.

#### ARTICLE IV

This Corporation shall have perpetual duration.

#### ARTICLE V

This Corporation may be dissolved upon the written direction of shareholders(s) holding two-thirds of the shares of the Corporation.

#### ARTICLE VI

The annual meeting of the shareholders of the Corporation shall be held on the first business day following the thirtieth day of June and shall be held at the Corporation's principal office.

#### ARTICLE VII

Special meetings of the shareholders shall be held upon written notice of the President to the shareholders, or at such other times as may be prescribed in the duly adopted by-laws.

#### ARTICLE VIII

The Corporation shall be governed by its Board of Directors who shall be elected by the shareholders, in accordance with by-laws duly adopted by the shareholders. The Board of Directors shall appoint such officers as are necessary to operate the corporation. Nothing contained herein shall prohibit any person duly elected from holding more than one office. Each officer or director shall be elected or appointed for a term of office running until the next annual meeting of the Board of Directors of the Corporation, or such other term as provided by resolution of the Board of Directors. Each officer or director shall serve for the term of office to which he or she is elected or appointed until his or her successor has been elected or appointed and has qualified or until his or her earlier resignation, removal from office, or death. Any two or more offices may be held by the same person.

#### ARTICLE IX

The initial registered office of the Corporation shall be at 2200 Century Parkway, N.E., Tenth Floor, Atlanta, DeKalb County, Georgia 30345. The initial registered agent of the Corporation at such address shall be Edwin L. Hamilton, Esq.

#### ARTICLE X

The name and address of the incorporator is:

Mr. John J. Youstin, Jr.  
1155 Hammond Drive  
Building D, Suite 4080  
Atlanta, Georgia 30328

#### ARTICLE XI

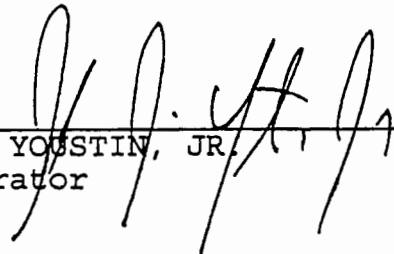
The mailing address of the initial principal office of the Corporation is: 1155 Hammond Drive, Building D, Suite 4080, Atlanta, Georgia 30328.

#### ARTICLE XII

The Corporation is authorized to engage in any lawful business or activity for which corporations may be organized under the Georgia Business Corporation Code to include, but is not limited to engaging in the business of providing internet access to persons and business; to provide computer marketing and sales services; to operate for itself and in conjunction with others satellite communication systems; engage in education, training and product support of the corporation's communications systems; for itself and others, as agent, broker or otherwise; to engage in the business of buying, selling, leasing, and otherwise dealing in all types of electronic, communication and satellite equipment and facilities, as owner, lessor, lessee, broker, agent or otherwise; to engage in the business of providing all types of communication services, repairing, maintaining, servicing, and otherwise dealing with all types of equipment, facilities, and vehicles of all descriptions and

to provide repairs, maintenance and servicing of the same to individuals, corporations, partnerships and businesses of all kinds; marketing, selling, or distributing, promoting, transportation and sale, either at wholesale or retail any product; to engage in the lending and borrowing of money; investment to include stock, futures and commodity trading; to purchase, lease or otherwise acquire, hold, own, mortgage, pledge, encumber and dispose of all kinds of property, real, personal, tangible, intangible and mixed, both within and without this state; and, to enter into partnerships, joint ventures, syndicates and other business associations for any lawful purpose or purposes allowed by law.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation.

  
\_\_\_\_\_  
JOHN J. YOSTIN, JR.  
Incorporator

RECORDED & INDEXED  
JUL 13 3 57 PM '95  
JUL 13 (1)



# Secretary of State

## Corporations Section

mes K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 08/17/99

REQUEST NUMBER: 3726-1743

TELEPHONE CONTACT: (615) 741-2286

FILE DATE/TIME: 08/17/99 0908

EFFECTIVE DATE/TIME: 08/17/99 0908

CONTROL NUMBER: 0375631

TO:

DAVINCI MCNAB

3300 HOLCOMB BRIDGE

RD/SSTE 286

NORCROSS, GA 30092-3238

RE:

AVANA COMMUNICATIONS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY -

FOR PROFIT

WELCOME TO THE STATE OF TENNESSEE. THE ATTACHED CERTIFICATE OF AUTHORITY HAS BEEN FILED WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DATE OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE CORPORATION'S FISCAL YEAR. PLEASE PROVIDE THIS OFFICE WITH WRITTEN NOTIFICATION OF THE CORPORATION'S FISCAL YEAR. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE REVOCATION OF ITS CERTIFICATE OF AUTHORITY.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR CERTIFICATE OF AUTHORITY -  
FOR PROFIT

ON DATE: 08/17/99

FROM:  
AVANA COMMUNICATIONS CORP  
1155 HAMMOND DR  
BLDG D/S4080  
ATLANTA, GA 30328-0000

	FEES	
RECEIVED:	\$600.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$600.00

RECEIPT NUMBER: 00002536527  
ACCOUNT NUMBER: 00318610



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

State of Tennessee



Department of State  
Corporations Section  
18th Floor, James K. Polk Building  
Nashville, TN 37243-0306

APPLICATION FOR  
CERTIFICATE OF AUTHORITY  
(FOR PROFIT)

For Office Use Only

FILED  
JUL 17 1995  
RECEIVED  
TENN. SEC. OF STATE

To the Secretary of State of the State of Tennessee:

Pursuant to the provisions of Section 48-25-103 of the Tennessee Business Corporation Act, the undersigned corporation hereby applies for a certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth:

1. The name of the corporation is Avana Communications Corporation  
d/b/a AvanaCom

\*If different, the name under which the certificate of authority is to be obtained is N/A

[NOTES: The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign corporation for profit if its name does not comply with the requirements of Section 48-14-101 of the Tennessee Business Corporation Act. \*If obtaining a certificate of authority under a different corporate name, an application for registration of an assumed corporate name must be filed pursuant to Section 48-14-101(d) with an additional \$20.00 fee.]

2. The state or country under whose law it is incorporated is Georgia

3. The date of its incorporation is 7/13/95 (must be month, day, and year), and the period of duration, if other than perpetual, is \_\_\_\_\_

4. The complete street address (including zip code) of its principal office is  
1690 Chantilly Drive, Atlanta, GA 30324  
Street City State/Country Zip Code

5. The complete street address (including the county and the zip code) of its registered office in Tennessee and the name of its registered agent is

1912 Hayes Street Nashville TN 37203  
Street City County Zip Code

National Registered Agents, Inc.

Registered Agent

6. The names and complete business addresses (including zip code) of its current officers are: (Attach separate sheet if necessary.)

SEE ADDENDUM

7. The names and complete business addresses (including zip code) of its current board of directors are: (Attach separate sheet if necessary.)

SEE ADDENDUM

8. If the corporation commenced doing business in Tennessee prior to the approval of this application, the date of commencement (month, day and year) N/A

9. The corporation is a corporation for profit.

10. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is

N/A (date), \_\_\_\_\_ (time).

[NOTE: A delayed effective date shall not be later than the 90th day after the date this document is filed by the Secretary of State.]

[NOTE: This application must be accompanied by a certificate of existence (or a document of similar import) duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law it is incorporated. The certificate shall not bear a date of more than two (2) months prior to the date the application is filed in this state.]

Signature Date

Chief Executive Officer

Signer's Capacity

Avana Communications Corporation

Name of Corporation

Signature

Richard S. Granville, III

Name (typed or printed)

# Secretary of State

## Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 08/17/99  
REQUEST NUMBER: 3726-1748  
TELEPHONE CONTACT: (615) 741-2286  
FILE DATE/TIME: 08/17/99 0907  
EFFECTIVE DATE/TIME:  
CONTROL NUMBER: 0375631

TO:  
DAVINCI MCNAB  
3300 HOLCOMB BRIDGE  
RD/STE 286  
NORCROSS, GA 30092-3238

RE:  
AVANACOM  
APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE  
NAME

THIS WILL ACKNOWLEDGE THE FILING OF THE ATTACHED ASSUMED NAME  
REGISTRATION FOR A FIVE YEAR PERIOD BEGINNING WITH AN EFFECTIVE DATE AS  
INDICATED ABOVE.

THE CORPORATION MAY RENEW THE RIGHT TO USE THIS NAME WITHIN TWO  
(2) MONTHS PRECEDING THE EXPIRATION OF SUCH RIGHT, FOR A PERIOD OF FIVE (5)  
YEARS, BY FILING AN APPLICATION WITH THE SECRETARY OF STATE.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR  
FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

---

FOR: APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE      ON DATE: 08/17/99  
NAME

FROM:  
CATHEY HUTTON & ASSOCIATES INC  
3300 HOLCOMB BRIDGE  
RD/STE 286  
NORCROSS, GA 30092-3238

	FEES	
RECEIVED:	\$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00002536535  
ACCOUNT NUMBER: 00318611



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE