

**Commonwealth of Kentucky  
Public Service Commission**

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING  
PURSUANT TO KRS 278.541 through 278.544

Complete Name of Telephone Utility: **Third Base International Telecom LLC**  
 Physical Address of Principal Office: Street: **3949 Evans Ave., Suite 301B**  
 City: **Fort Myers** State: **FL** Zip: **33901-9313**

Primary Contact: Name: **Mark Saccente** Title: **CEO**  
 Phone: **239-220-2392**  
 E-Mail: [mark@tbitelecom.com](mailto:mark@tbitelecom.com)

Person Responsible for Answering Consumer Complaints:	Name: <b>Mark Saccente, Jr.</b>	Title: <b>Secretary</b>
	Address (SAME AS ABOVE)	
	Street: _____	
	City: _____	State: _____ Zip: _____
	Phone: _____	Fax: _____

In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Saccente, on behalf of Third Base International Telecom, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 31st day of March, 2023..

UTILITY:: **Third Base International Telecom LLC**

BY Mark Saccente: *Mark P. Saccente*

STATE OF: FL  
 COUNTY OF: LEE

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 31st day of March, 2023.

*Gabriel Blanco*  
 NOTARY PUBLIC

My Commission Expires: 09/19/2026

