UHIGINAL

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

971584-TC

LEGAL NAME OF THE A	PPLICANT	DEPOSIT	DATE
Timoth x	J. BRIANT	D666	DEC 03 199
NAME UNDER WHICH TH	E APPLICANT WILL DO BUS	INESS	
BRXTEL	Communicat	LONS	
ADDRESS OF THE APPL	ICANT(S)		
STREET	5005 22 vd ST. 1	W.#B	
CITY 2	Bradenton, FL		
STATE & ZIP	34207		
TYPE OF ORGANIZATIO	N (CHECK ONE)		97
A. INDIVIDUAL DO OWN NAME.	ING BUSINESS UNDER HIS/	HER: []	
DOCUMENTATION: No	other documentation ne	eded.	
B. PARTNERSHIP:		[]	1
DOCUMENTATION: Att	tach a copy of the part ddress of all partners.	nership agreem	ent, and a li
C. CORPORATION:		[]	
filed with the Flo	tach proof that articlorida Secretary of State attach proof from the F	te's Office. Florida Secreta	If incorporat ry of State th
outside of Florida, applicant has autho of Florida Register	rity to operate in Flori ed Agent.	da and provide i	Tame and source
applicant has autho	rity to operate in Flori red Agent.	us and provide i	

FORM PSC/CHU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511



12303 DEC-35 FPSC-RECIROS/REPORTING

UNICHIVAL

PR RE	OVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS SPONSIBLE FOR COMMISSION CONTACTS:
DATE AN 0 199 IT	Timothy J. BRIANT
PH	ONE: (941) 751-5583
TH	S APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN E CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT OR BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF DRIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
_	NO
IF	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE
_	ST THE STATES IN WHICH THE APPLICANT:
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE
۸.	Florida
В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER. NA This Is the Couly time I've Foer applies
c.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES. NAThis Is the only time I've
	Ever applied for Certification
	Victoria de la constanta de la

FORM SC/CHU 32 (R3-93) PAGE 3 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511



	TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
	applied for certification
FOU	ASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP INTO PRICE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTION OF THE PROPERTY.
DI E	ASE CHECK THE SERVICES THAT MILL BE PROVIDED:
LOCALI COLI CALI CREI OTHI	ING CARD OIT CARD ER, DESCRIBE
LOCALI CALI CREI OTHI	AL STANCE
LOCALIONIC CALI	AL SIDISTANCE STATE STATE STATE APPLICANT PLANS TO

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

971584-TC

LEGAL NAME OF THE APPLICANT	DE	POSIT	DATE
Timothy J. BR	MANT DE	66 '4	DEC 03 199
NAME UNDER WHICH THE APPLICANT BRXTEL COMMU	WILL DO BUSINESS		
ADDRESS OF THE APPLICANT(S)			
STREET 5005 22	vd ST. W.#	В	
CITY BRODEN	ON, FL		
STATE & ZIP	34207		up.
TYPE OF ORGANIZATION (CHECK ONE)		- 4
A. INDIVIDUAL DOING BUSINESS OWN NAME.	UNDER HIS/HER:	[]	1. 3
DOCUMENTATION: No other docum	entation needed.		=
B. PARTNERSHIP:		[]	
DOCUMENTATION: Attach a copy with the name and address of al	of the partnership 1 partners.	agreemen	t, and a li
C. CORPORATION:		[]	
DOCUMENTATION: Attach proof to filed with the Florida Secreta outside of Florida, attach proof applicant has authority to opera of Florida Registered Agent.	ary of State's Of f from the Florida	fice. If Secretary	of State th
NAME			_
ADDRESS			
			_
D. DOING BUSINESS UNDER A FI	CTITIOUS NAME:	W	
DOCUMENTATION: Attach proof that the Florida Secretary of States		as been re	egistered w

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511



12303 DEC-35

UNICHIVAL

5.	PROVI RESPO	DE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS NSIBLE FOR COMMISSION CONTACTS:
	NAME:	Timothy J. BRIANT
	PHONE	(441) 751-5583
5.	THE C	PPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN ASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF DA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
' .	IF TH	HE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE FICATE HOLDER AND CERTIFICATE NUMBER.
	CERTI	TICKLE HOLDER AND CERTIFICATE HOLDER
	-	
3.	LIST	THE STATES IN WHICH THE APPLICANT:
	Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE FORIDA
		HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE
	В.	PROVIDER. NA This Is the ONLY time I've Ever applied
	c.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.,
		NA This Is the only time I've
		Ever applied for Certification

FORM PSC/CHU 32 (R3-93) PAGE 3 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511



13.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.
	Yes
14.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL
	STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)
	yes

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Timothy J. BRYAN!	
I acknowledge receipt and understanding of the Florida Pul Service Commission's Rules and Requirements relating to my provis of Pay Telephone Service.	olic
Date 12/03/97	

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.



September 18, 1997

BRYTEL COMMUNICATIONS 5005 22ND ST. W. APT #B BRADENTON, FL 34207

Subject: BRYTEL COMMUNICATIONS

REGISTRATION NUMBER: G97260000136

This will acknowledge the filing of the above fictitious name registration which was registered on September 17, 1997. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 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.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (904) 487-6058.

Fictitious Name Section Division of Corporations

Letter No. 197A00046468



Bepartment of State

I certify from the records of this office that BRYTEL COMMUNICATIONS is a Fictitious Name registered with the Department c: State on September 17, 1997.

The Registration Number of this Fictitious Name is G97260000136.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighteenth day of September, 1997

CR2EO22 (2-95)

Sandra B. Mortham Secretary of State

UKIGINAL

971584-70

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

	LEGAL NAME OF TH	E ADDITIONT	DEPOSIT	DATE
1.	Timoth &	J. BRYANT	D 6 6 6 "	DEC 03 1997
2.		THE APPLICANT WILL DO BU	JSINESS	
	BRXTEL	Communicat	·	
3.	ADDRESS OF THE A	PPLICANT(S)		
	STREET	soos agual ST.	W.#B	
	CITY	Bradenton, FL		
	STATE & ZIP	34207		7002
4.	TYPE OF ORGANIZA	TION (CHECK ONE)		97
	A. INDIVIDUAL OWN NAME.	DOING BUSINESS UNDER HIS	S/HER: []	
	DOCUMENTATION:	No other documentation r	needed.	3 1
	B. PARTNERSH	IP:	[]	
	DOCUMENTATION: with the name an	Attach a copy of the pand address of all partners	rtnership agreeme s.	nt, and a list
I Ri	C. CORPORATION	N:	[]	
	filed with the	Attach proof that artic Florida Secretary of St da, attach proof from the thority to operate in Flor tered Agent.	ate's Office. I	v of State that
	NAME			
	ADDRESS			_
				
TIMOTUVI	PRIVANTE		iv	
TIMOTHY J. 5005 22ND ST. W BRADENTON, F	34207-2311	12/02' 1097		registered with
order of A	Hundred	100 S - Commis 1	00.00	
Nations National Bary, N.A. C.	Bemle	India	CN Lifemon when	NT NUMBER-DATE
Pavelou	e Application	12 2		303 DEC-35
17	THE THOR	1 may you		