1. This is an application for √ (check one): DEPOSIT

D711

FEB 1 2 1998

DATE

(X) Original authority (new company)

986-339-TX

- Approval of transfer (to another certificated company)
 Example, a certificated company purchases an existing company and desires to retain the original certificate authority.
- Approval of assignment of existing certificate
 (to a noncertificated company)
 <u>Example</u>, a non-certificated company purchases an existing

<u>example</u>, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

- Approval for transfer of control (to another certificated company) <u>Example</u>, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.
- 2. Name of applicant:

FIRST TOUCH , INC.

3. Name under which the applicant will do business (d/b/a):

FIRST TOUCH , INC.

4. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: ____NA

FORM PSC/CMU 8 (11/96) Required by Chapter 364.337 F.S.

2

DOCUMENT NUMBER-DATE

02196 FEB 12 8

FPSC-RECORDS/REPORTING



3TAO DEPOSIT

5. see 1 Sting, stilled and phone number.

5340 Norwood Ave

Jacksonville Florida 32208

B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

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5340 Norwood Ave

Jacksonville Florida 32208

Structure of organization: √ Check appropriate box(s) 6.

-) Individual
-) Foreign Corporation
-) General Partnership
- () Corporation
- () Foreign Partnership
- () Limited Partnership
-) Joint Venture
- (X) Other, Please explain S-INC.

7. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity.

Michael Jackson President

5340 Norwood Ave

Jacksonville Fol Florida 32208

FORM PSC/CMU 8 (11/95) Required by Chapter 364.337 F.S.





APPLICATION FORM

 State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

9. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: P97000006516

10. Please provide the name, title, address, telephone number, Internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

Darwin Urane , Manager

Office- 924-7404

Fax- 721-8440

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

Florida

FORM PSC/CMU 8 (11/95) Required by Chapter 364.337 F.S.





12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.

NO

13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty.

NO

14. Please indicate how a customer can file a service complaint with your company.

File a service complaint in the business office, during

business hours. File a service complaint telephonically

which will be recorded after business hours.

- 15. Please complete and file a price list in accordance with Commission Rule 25-24.825.(Rule attached)
- 16. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida.
 - A. Financial capability.

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements for the most recent 3 years, including:

1. the balance sheet

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- 2. income statement
- 3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

- 1. Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
- Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.
- 3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should attest that the financial statements are true and correct.

- B. Managerial capability.
- C. Technical capability.

(If you will be providing local intra-exchange switched telecommunications service, then state how you will provide access to 911 emergency service. If the nature of the emergency 911 service access and funding mechanism is not equivalent to that provided by the local exchange companies in the areas to be served lescified in detail the difference.)

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AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange service in the State of Florida. I have read the foregoing and declare that to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083".

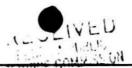
| Official:/ | Mchaelffastso Signature | or | 2-11-98 Date |
|------------|----------------------------|--------------|------------------------------|
| Title: _ | President | <u>(904)</u> | 924-7404 Telephone Number |
| Address: | 5340 Norwood Ave | | |

Jacksonville 1 f FL

32208

FORM PSC/CMU 8 (11/95) Required by Chapter 364.337 F.S.





3128 Beach Blvd. • Jacksonville, FL 32207 • Telephone (904) 398-1710 . Fat (904) 398-5298 98 FEB 12

MAILROOM

January 7, 1998

To: First Touch, Inc.

I have compiled the accompanying statements of assets, liabilities and equity-income tax basis of First Touch, Inc. as of November 30, 1997, and the related statements of revenues and expenses-income tax basis for the period then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The financial statements have been prepared on an accounting basis used by the Company for income tax purposes, which is a comprehensive basis of accounting other than generally accepted accounting principles.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. I have not audited or reviewed the accompanying financial statements, and accordingly, do not express an opinion or any other form of assurance on them.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, equity, revenues and expenses. Accordingly, these financial statements are not intended for those who are not informed about such matters.

Respectfully submitted,

Timothy H. Howard, CPA

First Touch, Inc. Statement of Assets, Liabilities and Equity November 30, 1997

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Assets

| Current Assets | | | |
|--------------------------|---|------------|-----------|
| Cash on Hand | Ş | 2,412.47 | |
| Cash-Southtrust Bank | | (592.35) | |
| Returned Items/NSF's | | 6,185.09 | |
| | | | |
| Total Current Assets | | \$ | 8,005.21 |
| Fixed Assets | | | |
| Furn & Fixtures | | 5,874.92 | |
| Office Equipment | | 7,225.16 | |
| Signs | | 1,342.81 | |
| Leasehold Improvements | | 1,937.99 | |
| Accumulated Depreciation | | (6,312.02) | |
| | | (0,512.02) | |
| Total Fixed Assets | | | 10,068.86 |
| Other Assets | | | |
| Deposits | | 60.00 | |
| Organization Costs | | 70.00 | |
| Accumulated Amortization | | (11.99) | |
| | | | |
| Total Other Assets | | | 118.01 |
| make 1 Amerika | | | |
| Total Assets | | \$ | 18,192.08 |
| | | | |

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See Accountant's Compilation Report

First Touch, Inc. Statement of Assets, Liabilities and Equity November 30, 1997

Liabilities and Equity

| Current Liabilities | | | |
|---------------------------------|----------------|---------|-----------|
| Federal Withholding Payable | \$ 5,475.17 | | |
| Federal Unemployment Payable | 63.92 | | |
| State Unemployment Payable | 463.68 | | |
| Sales Tax-DR15 | 1,104.48 | | |
| Sales Tax-Gross Receipts | 97.29 | | |
| Sales Tax-City Telecommunicati | 420.11 | | |
| | | | |
| Total Current Liabilities | | \$ | 7,624.65 |
| Long Term Liabilities Equity | | | |
| Commons Stock | 100.00 | | |
| Paid-In-Capital | 1,464.31 | | |
| Distributions | (46,274.07) |) | |
| Current Income (Loss) | 55,277.19 | 10 1 | |
| ····· | | | |
| Total Equity | | | 10,567.43 |
| | | | |
| Total Liabilities & Equity | | S | 18,192.08 |
| | | | |

First Touch, Inc. Statement of Revenues and Expenses For the Period Ended November 30, 1997

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| | · Manth Badad | | 11 Nambha Dadad | |
|--|------------------------|--------------|------------------|-----------|
| | 1 Month Ended | | 11 Months Ended | |
| | Nov. 30, 1997 | PCt | Nov. 30, 1997 | Pct |
| - | | | | |
| Revenue | | | | |
| | 45,118.95 | | | 90.01 |
| Sales-Accessories | 0.00 | 0.00 | 1,209.55 | 0.39 |
| Sales-Airtime | 3,891.78 (1,269.60) | 8.15 | 38,188.10 | 12.20 |
| Refunds/Discounts | (1,269.60) | (2.66) | (0,13/.45) | (2.00) |
| matel Devenue | | | | |
| Total Revenue | 47,741.13 | 100.00 | 312,920.88 | 100.00 |
| Cost of Color | | | | |
| Cost of Sales | 12 240 00 | 27.06 | 100 401 00 | |
| Purchases-Beepers, Phone | | | | |
| Purchases-Accessories Purchases-Airtime | 1,458.34 | | 5,908.55 | 1.89 |
| | 4,717.67 | | | |
| Contract Labor | | 0.00 | | |
| Outside Services | 710.00 | | 8,025.25 | 2.56 |
| Matal Cast of Calas | | | | |
| Total Cost of Sales | 20,234.81 | 42.38 | 175,522.50 | 56.09 |
| Gross Profit | 27,506.32 | 57.62 | 137,398.38 | 43.91 |
| Gross Prolit | 27,500.52 | 57.02 | 137,398.38 | 43.31 |
| Operating Expenses | | | | |
| Accounting | 600.00 | 1.26 | 2,075.00 | 0.66 |
| Advertising | 3,692.60 | | | |
| Auto and Truck Expense | 0.00 | | | |
| Bank Charges | 257.50 | | 778.61 | |
| Commissions | 150.00 | | 850.00 | |
| Contributions | 0.00 | 0.00 | | |
| Credit Card Fees | | | | |
| Depreciation | 54.84 | 0.11 | | 0.15 |
| Amortization Expense | 1.09 | 0.00 | 11.99 | 0.00 |
| Dues and Subscriptions | 0.00 | 0.00 | 83.52 | 0.03 |
| Entertainment | 0.00 | | 67.84 | 0.02 |
| Equipment Rental | 526.24 | | 1,266.40 | |
| Insurance-Liability | 0.00 | | 401.55 | |
| Legal | 300.00 | | 300.00 | |
| Licenses and Fees | 230.31 | 0.48 | 458.31 | 0.15 |
| Miscellaneous | 0.00 | 0.00 | 159.01 | 0.05 |
| Office Expense | 531.49 | 1.11 | | 1.46 |
| Postage | 96.00 | 0.20 | 571.87 | 0.18 |
| Rent | 2,654.80 | 5.56 | 9,521.02 | 3.04 |
| Repairs and Maintenance | 115.00 | 0.24 | 475.44 | 0.15 |
| Security | 211.00 | 0.44 | 553.93 | 0.18 |
| Salaries and Wages | 1,828.38 | 3.83 | 24,560.05 | 7.85 |
| Supplies | 46.82 | 0.10 | 437.41 | 0.14 |
| Taxes - Payroll | 162.89 | 0.34 | 2,479.74 | 0.79 |
| Taxes-Other | 233.27 | 0.49 | 233.27 | 0.07 |
| Telephone | 597.31 | 1.25 | -5,573.87 | 1.78 |
| Travel Penalties & Interest | 0.00 | 0.00 0.00 | 571.62 395.55 | 0.18 0.13 |
| Lengician & Therese | 0.00 | 0.00 | 110,00 | 0.13 |

See Accountant's Compilation Report

| | 1 Month Ended Nov. 30, 1997 | Pct | 11 Months Ended Nov. 30, 1997 | Pct |
|---------------------------------|--------------------------------|-------|----------------------------------|-------|
| Utilities | 119.64 | 0.25 | 1,224.84 | 0.39 |
| Total Expenses | 12,428.75 | 26.03 | 82,219.57 | 26.27 |
| Operating Income | 15,077.57 | 31.58 | 55,178.81 | 17.63 |
| Interest Income Other Income | 7.47 28.32 | 0.02 | 40.06 58.32 | 0.01 |
| Total Other Income | 35.79 | 0.07 | 98.38 | 0.03 |
| Net Income (Loss) \$ | 15,113.36 | 31.66 | \$ 55,277.19 | 17.66 |

28.18

See Accountant's Compilation Report

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| 1. This is an application for $\sqrt{(check one)}$ D | EPOSIT DATE |
|--|-------------|
|--|-------------|

- (%) Original authority (new company) D711 FEB12 1998
- Approval of transfer (to another certificated company)
 Example, a certificated company purchases an existing company and desires to retain the original certificate authority.
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- 2. Name of applicant:

FIRST TOUCH , INC.

3. Name under which the applicant will do business (d/b/a):

FIRST TOUCH , INC.

| | 1871 |
|--|--------------|
| FIRST TOUCH | 63-856/630 |
| 21 N. ARLINGTON RD., STE 3 JACKSONVILLE, FL 32211 | BRANCH 98712 |
| | 1-98 |
| PAY NOTI , 1 0 0 0, 9, DATE ON -1 | 1. 10 |
| ORDER OF, Florida fulfic service Commiss | US 250.00 |
| : Iwo hundred " fifty - 0% | OO DOLLARS |
| SouthTrust | |
| Donk | |
| Dank | |
| | on |
| FOR | - (0 |
| | 1 |