	DEPOSIT DATE	A	980747-TC
	FLORIDA PAY TELEPHONE CERTIFICATE	APP	LICATION
L,	LEGAL NAME OF THE APPLICANT North Star Teles	ommun	ications Inc.
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUS	INES	s
	North Star Telecommunications Inc.		
3.	ADDRESS OF THE APPLICANT(S)		
	STREET 601 Pennsylvania Avenue Suite 900		
	CITY Washington		
di.	STATE & ZIP CODE DC. 20004		
4.	TYPE OF ORGANIZATION (CHECK ONE)		
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:	t	3
	DOCUMENTATION: No other documentation needed.		
	B. PARTNERSHIP:	ĩ	1
	DOCUMENTATION: Attach a copy of the partnership agree name and address of all partners.	ement	, and a list with the
	C. CORPORATION:	()	x)
DOG	CUMENTATION: Attach proof that articles of incorporation Florida Secretary of State's Office. If incorporated outside from the Florida Secretary of State that applicant has auth Florida and provide name and address of Florida Register	of Flo	orida, attach proof o operate in

ADDRESS 601 Pennsylvanie Avenue Suite 900

Washington, DC 20004

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) REQUIRED BY COMMISSION RULE NO. 25-24 511

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D. DOING BUSINESS UNDER A FICTITIOUS NAME:

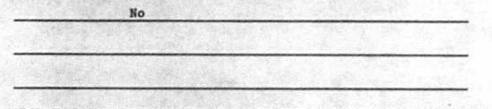
DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

[]

 PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME:	Jeffrey Watson	_
TITLE:	President	2
HONE:	(202) 434-8370	

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES.



 IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.



None

N/A

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) REQUIRED BY COMMISSION RULE NO 25-24 511

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

None

None

D, HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-83) REQUIRED BY COMMISSION RULE NO. 25-24 511

None

10. PLEASE CHECK √ THE SERVICES THAT WILL BE PROVIDED:

LOCAL	٥	
LONG DISTANCE	٥	
COIN	8	
CALLING CARD	٥	
CREDIT CARD	٥	
OTHER, DESCRIBE	0	
	a subal more	1-43 (C21) (C21)

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:

50

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE? √

PERSONALLY	0
FULL-TIME TECHNICIAN	8
PART-TIME TECHNICIAN	Ō
SERVICE/REPAIR/MAINTENANCE CONTRACT	0
OTHER DESCRIBE	0

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

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) REQUIRED BY COMMISSION RULE NO. 25-24 511

 WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-83) REDURED BY COMMISSION RULE NO. 25-34 511

Yes

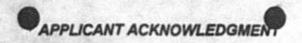
I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY. HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING 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.

Jeffrey Watson

(SIGNATURE OF OWNER/OHIEF OFFICER OF APPLICANT)

DATE: June 12, 1998

FORM PUBLIC BERVICE COMMISSION/CMU 32 (R3-93) REQUIRED BY COMMISSION RULE NO 25-34 511

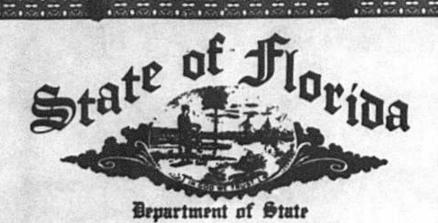


Applicant North Star Telecommunications Inc.

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

	IN ALL
Signature:	Jeffry Watson July Watson
Title:	President
Date:	June 12, 1998

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.



I certify the attached is a true and correct copy of the Articles of Incorporation of NOTHSTARS TELECOMMUNICATIONS, INC., a Florida corporation, filed on June 9, 1998, as shown by the records of this office.

The document number of this corporation is P98000051556.



CR2E022 (2-95)

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Ninth day of June, 1998

inde B. Morthand

Sandra B. Mortham Secretary of State



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 10, 1998

CSC

TALLAHASSEE, FL

Re: Document Number P98000051556

The Articles of Amendment to the Articles of Incorporation of NOTHSTARS TELECOMMUNICATIONS, INC. which changed its name to NORTHSTAR TELECOMMUNICATIONS, INC., a Florida corporation, were filed on June 10, 1998.

Should you have any questions regarding this matter, please telephone (850) 487-6050, the Amendment Filing Section.

Cheryl Coullette Document Specialist Division of Corporations

Letter Number: 298A00032574

Account number: 07210000032

Account charged: 35.00



TO

ARTICLES OF INCORPORATION

JUN 10 PM

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HASSEE, FLORIDA 8 ARTICLE I of the Articles of Incorporation of NOTHSTARS TELECOMMUNICATIONS, INC. shall be amended to read as follows:

ARTICLE I. NAME

The name of the corporation shall be: NORTHSTAR TELECOMMUNICATIONS, INC.

ARTICLE V. TERM OF EXISTENCE

This corporation shall have an effective date of June 08, 1998.

All other paragraphs and articles of the Articles of Incorporation shall remain unchanged.

The foregoing amendment was adopted by the Incorporator without shareholder action because shareholder action was not required.

The foregoing amendment was adopted on the 10th day of June, 1998.

Corporation Service Company

Karen Rozar Its Incorporator, BY:

sle

	DEPOSIT DATE
	DEPOSIT DATE ATTACHMENT B
	FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION
L,	LEGAL NAME OF THE APPLICANT North Star Telecommunications Inc.
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
	North Star Telecommunications Inc.
3.	ADDRESS OF THE APPLICANT(S)
line in the	STREET 601 Pennsylvania Avenue Suite 900
	CITY Washington
	STATE & ZIP CODE DC. 20004
4.	
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER () OWN NAME:
	DOCUMENTATION: No other documentation needed.
	B. PARTNERSHIP:
	DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.
	C. CORPORATION: (x)
DO	CUMENTATION: Attach proof that articles of incorporation have beenfiled with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof
	J. WATSON & COMPANY, INC. 601 PENN AVE STE 900 WASHINGTON, DC 20004-2612
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