LAW OFFICES

Messer, Caparello & Self

A PROFESSIONAL ASSOCIATION

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INTERNET: www.lawfla.com

January 19, 2000

BY HAND DELIVERY

Ms. Blanca Bayo, Director Division of Records and Reporting Room 110, Easley Building Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850

000053-TI

Re: Application of Tel-Phone Communications, Inc. for IXC Certificate

Dear Ms. Bayo:

Enclosed for filing is the original and 6 copies of an application for an IXC Certificate for Tel-Phone Communications, Inc.. The application fee is also enclosed.

Included with the application is a balance sheet with information specific to a private business affiliated with the applicant. The financial information with respect to the affiliate is considered proprietary and thus we request that it be so treated. A redacted version has been included with the application.

Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the same to me.

Thank you for your assistance with this filing. Should you have any questions, please do not hesitate to call me.

Sincerely,

Norman H. Horton, Jr.

NHH/amb Enclosure

Mr. Gary Pretner RECEIVED & FILED Check received with filling and forwarded to Fiscal for deposit. Hiseal to farmend a copy of check

DOCUMENT NUMBER-DATE RAR With proof of doposit. person who forwarded check:

AU OF RECORDS 00798 FPSC-RECORDS/REPORTING

cc:

ORIGINAL

** FLORIDA PUBLIC SERVICE COMMISSION **

DIVISION OF TELECOMMUNICATIONS BUREAU OF CERTIFICATION AND SERVICE EVALUATION

Application Form for Authority to Provide Interexchange Telecommunications Service Between Points Within the State of Florida

000053.TT

<u>Instructions</u>

- This form is used as an application for an original certificate and for approval of assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- Print or Type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- Use a separate sheet for each answer which will not fit the allotted space.
- Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of <u>\$250.00</u> to:

Florida Public Service Commission Division of Records and Reporting 2540 Shumard Oak Bivd. Tallahassee, Florida 32399-0850 (850) 413-6770

Note: No filing fee is required for an assignment or transfer of an existing certificate to another certificated company.

If you have questions about completing the form, contact:

Fiorida Public Service Commission
Division of Telecommunications
Bureau of Certification and Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

FORM PSC/CMU 31 (12/96)
Required by Commission Rule Nos. 25.24-470,
25-24.471, and 25-24.473, 25-24.480(2). Page 1 of 16

DOCUMENT NUMBER-DATE

00798 JAN 198

| , | | an application for √ (check one): |
|--------|-----------------------------|--|
| \ X | () | Original certificate (new company). |
| (|) | Approval of transfer of existing certificate: Example, a certificated company purchases an existing certificated company and desires to retain the authority of both certificates. |
| (|) | Approval of assignment of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate. |
| { |) | Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity. |
| N | ame | of company: |
| | Tel | -Phone Communications, Inc. |
| N | ame | under which applicant will do business (fictitious name, etc.): |
| _ O | N/A | under which applicant will do business (fictitious name, etc.): Il mailing address (includ: street name & number, post office box, city, zip code): |
| _ O | N/A efficia ate, | Il mailing address (includ⊢ street name & number, post office box, city, |
| _ o | N/A efficia ate, | ll mailing address (includ⊢ street name & number, post office box, city, zip code): |
| O'st | M/A official ate, 8849 Cori | Il mailing address (includ: street name & number, post office box, city, zip code): 5 NW 39th Place at Springs, FL 33065 a address (including street name & number, post office box, city, state, zip |

| 6. | Select | type of business your company will be conducting √ (check all that apply): |
|----|-----------------|--|
| | () | Facilities-based carrier - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida. |
| | () | Operator Service Provider - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls. |
| | (x) | Reseller - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used. |
| | (x) | Switchless Rebiller - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic. |
| | () | Multi-Location Discount Aggregator - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers. |
| | () | Prepaid Debit Card Provider - any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers. |
| 7. | Structu | re of organization; |
| | (|) Individual (x) Corporation) Foreign Corporation () Foreign Partnership) General Partnership () Limited Partnership) Other |
| 8. | <u>lf indiv</u> | ridual, provide: |

| Name: | |
|---------------------------------|--|
| Title: | |
| Address: | |
| City/State/Z | ip: |
| Telephone | No.: Fax No.: |
| Internet E-l | fail Address: |
| Internet We | bsite Address: |
| if incorpora | ted in Florida, provide proof of authority to operate in Florida: |
| (a) | The Florida Secretary of State Corporate Registration number 99000099338 |
| if foreign c | orporation, provide proof of authority to operate in Florida: |
| (a) | The Florida Secretary of State Corporate Registration number: |
| | itious name-d/b/a, provide proof of compliance with fictitious name apter 865.09, FS) to operate in Florida: |
| _ ` ' | The Florida Secretary of State fictitious name registration |
| <u>if a limited</u> Florida: | liability partnership, provide proof of registration to operate in |
| (a) The | Florida Secretary of State registration number: |
| | ship, provide name, title and address of all partners and a copy of ihip agreement. |
| Name: | |
| Title: | |
| Address: | |

| | City/S | tate/Zip: | | |
|-----|-----------------|---|--|--|
| | Telepi | none No.: Fax No.: | | |
| | Intern | et E-Mail Address: | | |
| | intern | et Website Address: | | |
| 14. | | reign limited partnership, provide proof of compliance with the foreign partnership statute (Chapter 620.169, FS), if applicable. | | |
| | (a) | The Florida registration number: | | |
| 15. | Provid | e <u>F.E.I. Number (</u> if applicable): | | |
| 16. | Provid | e the following (if applicable): | | |
| | (a) | Will the name of your company appear on the bill for your services? (X) Yes () No | | |
| | (b) | If not, who will bill for your services? | | |
| | Name | | | |
| | Title:_ | | | |
| | Addre | ss: | | |
| | City/State/Zip: | | | |
| | Telepi | hone No.: Fax No.: | | |
| | (c) | How is this information provided? | | |
| 17. | Who w | vill receive the bills for your service? | | |
| | () PA | () Business Customers () PATs station end-users () Hotel & motel guests | | |

FORM PSC/CMU 31 (12/96)
Required by Commission Rule Nos. 25.24-470, 25-24.471, and 25-24.473, 25-24.480(2).

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| | () Universities () Universities dormitory residents () Other: (specify) |
|-----|--|
| 18. | Who will serve as liaison to the Commission with regard to the following? |
| | (a) The application: |
| | Name: Gary Pretner |
| | Title: President |
| | Address: 8845 NW 39th Place |
| | City/State/Zip: Coral Springs, FL 33065 |
| | Telephone No.: (954)796-8800 Fax No.: (954)753-4329 |
| | Internet E-Mail Address: nuggets@bellsouth.net |
| | Internet Website Address: |
| | (b) Official point of contact for the ongoing operations of the company: |
| | Name: Gary Pretner |
| • | Title: President |
| | Address: 8845 NW 39th Place |
| | City/State/Zip: Coral Springs, FL 33065 |
| | Telephone No.: (954)796-8800 Fax No.: (954)753-4329 |
| | Internet E-Mail Address: nuggets@bellsouth.net |
| | Internet Website Address: None |
| | (c) Complaints/Inquiries from customers: |
| | Name: Helene Mae Quoma |
| | Vice President |

| Oity/s | State/Zip: Coral Springs, FL 33065 |
|---------|--|
| Telep | hone No.: (954)796-8800 Fax No.: (954)753-4329 |
| Interr | net E-Mail Address: nuggets@bellsouth.net |
| Interi | net Website Address: None |
| List th | ne states in which the applicant: |
| (a) | has operated as an interexchange telecommunications company. |
| | No |
| | |
| (b) | has applications pending to be certificated as an interexchange telecommunications company. |
| | • |
| | No . |
| (c) | is certificated to operate as an interexchange telecommunications company. |
| (c) | is certificated to operate as an interexchange telecommunications |
| | is certificated to operate as an interexchange telecommunications company. No |
| (c) | is certificated to operate as an interexchange telecommunications company. |
| | is certificated to operate as an interexchange telecommunications company. No has been denied authority to operate as an interexchange |

FORM PSC/CMU 31 (12/96)
Required by Commission Rule Nos. 25.24-470, 25-24.471, and 25-24.473, 25-24.480(2).

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| | No . |
|---------------------------------------|---|
| | |
| (f) | has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved. |
| | No |
| have | ate if any of the officers, directors, or any of the ten largest stockholders previously been: djudged bankrupt, mentally incompetent, or found guilty of any felony or of |
| any o | crime, or whether such actions may result from pending proceedings. If so, se explain. |
| · · · · · · · · · · · · · · · · · · · | No |
| | |
| telep | n officer, director, partner or stockholder in any other Florida certificated hone company. If yes, give name of company and relationship. If no longer ciated with company, give reason why not. |
| | |
| | applicant will provide the following interexchange carrier services √ (check at apply): |
| a | MTS with distance sensitive per minute rates |

| | Method of access is FGA |
|---|---|
| | Method of access is FGB |
| • | Method of access is FGD |
| | Method of access is 800 |
| *************************************** | |
| b | MTS with route specific rates per minute |
| | Method of access is FGA |
| | Method of access is FGB |
| | Method of access is FGD |
| | Method of access is 800 |
| c | MTS with statewide flat rates per minute (i.e. not distance sensitive) |
| | Method of access is FGA |
| | Method of access is FGB |
| | Method of access is FGD |
| | Method of access is 800 |
| | |
| d | MTS for pay telephone service providers |
| e | Block-of-time calling plan (Reach Out Florida, Ring America, etc.). |
| f | 800 service (toli free) |
| g | WATS type service (bulk or volume discount) |
| | Method of access is via dedicated facilities Method of access is via switched facilities |
| h | Private line services (Channel Services) (For ex. 1.544 mbs., DS-3, etc.) |
| l | Travel service |
| | Method of access is 950 |
| | Method of access is 800 |
| | _ IAIQ# Of 01 GCCQ32 13 OOO |
| j | 900 service |
| l. | Operator convices |
| k | Operator services |

FORM PSC/CMU 31 (12/96)
Required by Commission Rule Nos. 25.24-470, 25-24.471, and 25-24.473, 25-24.480(2).

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| | Available to presubscribed customers Available to non presubscribed customers (for example, to patrons of hotels, students in universities, patients in hospitals). Available to inmates |
|-----|--|
| 1. | Services included are: |
| | Station assistance |
| · | Person-to-person assistance |
| | Directory assistance |
| | Operator verify and interrupt |
| | Conference calling |
| | nit the proposed tariff under which the company plans to begin operation the format required by Commission Rule 25-24.485 (example enclosed). |
| U30 | ule formet ledaned by Commission Laie 20-24.400 (example eficiosed). |

23. Submit the following:

22.

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

- 1. the balance sheet;
- 2. income statement; and
- 3. statement of retained earnings.

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.

Further, the following (which includes supporting documentation) should be provided:

- 1. A written explanation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
- 2. <u>A written explanation</u> that the applicant has sufficient financial capability to maintain the requested service.
- 3. <u>A written explanation</u> that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. Managerial capability; give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. Technical capability; give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

** APPLICANT ACKNOWLEDGMENT STATEMENT **

- 1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of its gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. GROSS RECEIPTS TAX: I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
- 3. SALES TAX: I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- 4. APPLICATION FEE: I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

| <u>UTILITY OFFICIAL:</u> | |
|---|----------------|
| Dary Pretra | 12/1/99 |
| Signature | Date |
| PResident | (954) 7g6.8800 |
| Title | Telephone No. |
| Address: 8845 NW 39TH PLACE | (954) 753-4339 |
| CORAL SPRINGS, FL 33065 | Fax No. |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | |

ATTACHMENTS:

- A CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- **B CUSTOMER DEPOSITS AND ADVANCE PAYMENTS**
- C CURRENT FLORIDA INTRASTATE NETWORK
- D AFFIDAVIT

** APPENDIX A **

CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT

| ertificate Number |
|-----------------------|
| |
| artificate Number |
| i moda idnina |
| ation and join in the |
| |
| |
| • |
| |
| Date |
| Telephone No. |
| |
| |
| |

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please ✓ check one):

| (\ |) | The applicant will not collect deposits nor will it collect payments for service more than one month in advance. |
|-----|---|---|
| (|) | The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month. |
| | | (The hand must accompany the application) |

| Day Cut | 13/1/99 Date |
|-------------------------|-----------------------------------|
| RESIDENT 10 | (954) 796 · 8800 Telephone No. |
| CORAL SPRINGS, FL 33065 | (954) 753 · 4329 Fax No. |
| | |
| | |

** APPENDIX C **

CURRENT FLORIDA INTRASTATE SERVICES

| Applicant has (in Florida. |) or has not (|) previously provided intrastate telecommunications | | |
|---------------------------------------|--|---|------------------------------|--|
| If the answer is <u>t</u> | nas, fully describe | the following: | | |
| a) V | a) What services have been provided and when did these services begin? | | | |
| | | | | |
| | | | | |
| b) II | the services are | not currently offered, | when were they discontinued? | |
| | | | | |
| | | | | |
| | | | | |
| UTILITY OFF | CIAL: | | | |
| DayKi | tone | | 12/1/99 | |
| Signature / | | | Date | |
| PRESIDENT | | | (954) 796.8800 | |
| Title | | | Telephone No. | |
| Address: <u>8845</u> | NW 39TH P | LACE | (954) 753.4329 | |
| CORAL SPRIN | 165 FL 330 | 65 | Fax No. | |
| | | | | |

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 company 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."

| UTILITY OFFICIAL: | |
|-----------------------------|------------------------|
| now Pat | 12/1/99 |
| Signature | Date |
| PRESIDENT | (954) 796.8800 |
| Title | Telephone No. |
| Address: 8845 NW 39TH PLACE | (954)753·43 <i>8</i> 9 |
| CORAL SPRINGS, FL 33065 | Fax No. |
| | |
| | |
| | |
| | |

IV. Management Personnel

Helene Mae Quoma

Mrs. Quoma has had extensive experience in management and supervision prior to entering the telecommunications industry in 1994. From 1994 to 1998 she was employed by BellSouth Mobility. Mrs. Quoma's initial assignment was in Customer Financial Services as an Assistant Manager. She was cross-trained in Customer Service, Loss Prevention and Welcome. She was promoted to Cycle Manager and assumed collection responsibility for over \$72 million annually.

While employed by BellSouth Mobility, she started A & H Beeper and Cellular Accessories, Inc. Since the establishment of this operation, six years ago, A & H has grown to a four-store chain. Each unit is fully equipped with a repair facility.

Gary Pretner

Mr. Pretner attended the University of Miami and earned a Bachelor Degree in 1981. He has been employed in the telecommunications industry since 1983. Presently, For the past five years, Mr. Pretner has been employed as a marketing manager at the largest radio communications carrier in the state of Florida. Prior to his current employment, Mr. Pretner has been involved in all aspects of sales and marketing in the telecommunications industry. He served as a General Manager of MCI WorldCom for five years, and as a Sales Manager for Bell Atlantic Mobile Systems, also for five years.

V. Financial Resumes

It is understood by the Company that organizational and promotional costs will be incurred prior to the generation of cash flow from operations. It is further understood that accounts receivable and reserves for doubtful accounts will need to be initially financed from sources other than operational revenues.

To this end, Mr. Gary Pretner, a founding shareholder, has pledged approximately \$186,000 in liquid assets contained in a Merrill Lynch Asset Management Account to be utilized for startup costs and to fund the growth of the Company. The funds in the abovementioned Account are totally unencumbered and available to the Company as needed. Additionally, Mr. Pretner has agreed to defer any personal compensation until such time as said compensation can be paid from operational revenues.

Mrs. Quoma, a founding shareholder, has also agreed to defer any personal compensation until such time as said compensation can be paid from operational revenues. Additionally, she has pledged to make available the net resources of A & H Beeper and Cellular Accessories, Inc. Store #1 for the purposes outlined in the first paragraph of this section. The following pages contain the assembled financial statements prepared by the accountants for A & H. The balance sheets and income statement are dated October 31, 1999. It should be noted that the business is seasonal and the weeks following Thanksgiving to the end of the calendar year account for a considerable portion of the company's revenue.

A & H Beeper & Cellular, Inc. Balance Sheets as of October 31, 1999

ASSETS

Current Assets

Cash
Accounts receivable - employee
Inventory
Total Current Assets

Fixed Assets

Furniture and fixtures Computer equipment Leasehold improvements

Less: accumulated depreciation
Net Fixed Assets

Other Assets

Utility deposits
Deposits for mobile
Total Other Assets

Total Assets







LIABILITIES & STOCKHOLDERS' EQUITY

Current Liabilities

Accrued payroll tax
Accrued FUTA
Accrued SUTA
Accrued Sales Tax
Total Current Liabilities

Stockholders' Equity

Capital Stock
Additional paid in capital
Retained earnings
Total Stockholders' Equity

Total Liabilities & Stockholders' Equity





A & H Beeper & Cellular, Inc. Income Statement for the month ended October 31, 1999

Net Sales

Cost of Sales

Purchases

Airtime purchases

Shop supplies

Subcontract

Maintenance on equipment

Total Cost of Sales

Gross Profit

Selling, General & Administrative Expenses

Operating Income



The Company is currently in a development stage. The unaudited balance sheets are presented below:

Tel-Phone Communications, Inc. Balance Sheets as of December 15, 1999

| Assets | |
|----------------------------|----------------|
| Cash | \$ 4,700.00 |
| Organizational costs | 1,000.00 |
| Total Assets | \$ 5,700.00 |
| Stockholders' Equity | |
| Common Stock | 200.00 |
| Additional paid in capital | 5,500.00 |
| Total Stockholders' Equity | \$ 5,700.00 |