| REQUEST TO ESTABLISH DOCKET  |  |  |  |  |
|--|--|--|--|--|
| (Please Type)  |  |  |  |  |
| Date July 21, 2003   | Docket No. 030663-TX                                 |  |  |  |
| 1. Division Name/Staff Name: Division of Competitive Markets & Enforcement/Isl |  |  |  |  |
| 2. OPR: Division of Competitive Markets & Enforceme                            |  |  |  |  |
| 3. OCR: Office of the General Counsel  |  |  |  |  |
| 4. Suggested Docket Title: Cancellation by Florida Pu                          | blic Service Commission of CLEC Certificate No. 8100 |  |  |  |
| issued to M/C Southern Communications, Inc. for violat                         | ion of Rule 25-4.0161, F.A.C., Regulatory            |  |  |  |
| Assessment Fees; Telecommunications Companies.                                 |  |  |  |  |
| 5. Suggested Docket Mailing List (attach separate she                          | et if necessary)                                     |  |  |  |
| A. Provide NAMES OR ACRONYMS ONLY if a regulat                                 | ed company.  |  |  |  |
| B. Provide COMPLETE NAME AND ADDRESS for all                                   | others. (Match representatives to companies.)        |  |  |  |
| <b>1.</b> Parties and their representatives (if any                            | ):   |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 2. Interested persons and their representation                                 | tives (if any):                                      |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 6. Check one:<br>XX Documentation is attached.                                 |  |  |  |  |
| Documentation will be provided with recommendation.                            |  |  |  |  |
|  |  |  |  |  |
| PSC\CCA010-C (Rev 10/01)   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

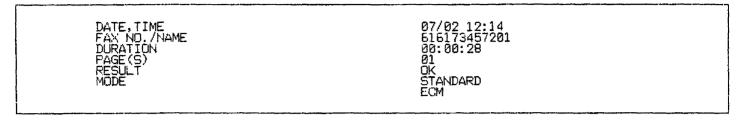
, **P**, ,

DOCUMENT NUMBER-DATE 06537 JUL 22 8 FPSC-COMMISSION CLERK TRANSMISSION VERIFICATION REPORT

. 🕶 .



TIME : 07/02/2003 12:14 NAME : FAX : TEL :



1

# STATE OF FLORIDA



TO:

Peter H.O. Claudy

VOICE: (617) 345-7200 FAX: (617) 345-7201

## FROM:

# PUBLIC SERVICE COMMISSION $\lceil_{P}$

#### 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0850

Paula Isler

Voice: (850) 413-6502 Fax: (850) 413-6503

E-mail: Pisler@psc.state.fl.us

## RE:

M/C Southern Communications, Inc. (TX656)

## Dear Mr. Claudy:

Payment for the 2002 Regulatory Assessment Fee was due January 30, 2003. As of this date, payment has still not been received. A delinquent notice was mailed on February 21, 2003 and it was signed for and delivered on February 24, 2003. On April 11<sup>th</sup>, I wrote you and explained that payment had not been received and enclosed a copy of the 2002 Regulatory Assessment Fee return form.

The fee is .0015% of a company's intrastate revenues, or \$50.00, whichever is greater. The fee is due even if a company never started operations or had any revenues. In addition, statutory penalty and interest charges are applicable.

Please pay the past due amount to avoid an enforcement docket from being established for violation of Rule 25-4.0161, Florida Administrative Code. Let me know if you have any questions.

#### STATE OF FLORIDA

COMMISSIONERS: LILA A. JABER, CHAIRMAN J. TERRY DEASON BRAULIO L. BAEZ RUDOLPH "RUDY" BRADLEY CHARLES M. DAVIDSON



**DIVISION OF COMPETITIVE MARKETS &** ENFORCEMENT WALTER D'HAESELEER DIRECTOR (850) 413-6600

# Hublic Serbice Commission

April 11, 2003

Mr. Peter H. O. Claudy, President c/o M/C Venture Partners (TX656) 75 State Street, Suite 2500 Boston, MA 02109-1829

Dear Mr. Claudy:

The Regulatory Assessment Fee (RAF) is due by January 30th of each year for the preceding calendar year. For certificate holders, the RAF is owed even if a telecommunications company may not have started operations or had any revenues. If payment is made after the due date, then statutory penalty and interest charges are applicable.

Our records show that the 2002 RAF return notice was mailed on December 12, 2002, and a delinquent notice was mailed on February 20, 2003. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2002 RAF return form is enclosed.

If full payment, including penalty and interest charges, along with the RAF return form, are not received by April 30, 2003, a docket will be established. Your company will be fined or your certificate cancelled if you do not respond. Please note that once a docket has been established, just paying the delinquent RAF amount will not prevent your certificate from being cancelled.

If you wish to cancel your certificate voluntarily and leave in good standing with the Commission, your company should pay the past due amount in full, complete the 2002 RAF return form, either pay the 2003 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.820, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to the Florida Department of Financial Services for further collection efforts.

If you have any questions, please contact me at (850) 413-6502, by fax at (850) 413-6503, by e-mail at pisler@psc.state.fl.us, or by writing to me at the address below.

Sincerely.

Paula J. Isler

Paula J. Isler, Research Assistant Bureau of Service Quality

Enclosures

## TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2003 Alternative Local Exchange Company Regulatory Assessment Fee Return

| STATUS:  | Florida Public Service Commission<br>(See Filing Instructions on Back of Form)  | FOR PSC USE ONLY<br>Check#   |  |  |
|--|---|--|--|--|
| Actual Return<br>Estimated Return<br>Amended Return<br>PERIOD COVERED:<br>06/17/2002 TO 12/31/2002 | TX656-02-0-R<br>M/C Southern Communications, Inc.<br>% M/C Venture Partners<br>75 State Street, Suite 2500<br>Boston, MA 02109-1829<br>CC: P. Isler | \$ 0603006<br>003001<br>\$ P<br>0603006<br>004011<br>\$ 1<br>Postmark Date<br>Initials of Preparer |  |  |
| Place Complete Below If Official Mailing Address Has Changed                                       |   |  |  |  |

#### Please Complete Below If Official Mailing Address Has Changed

|                           | (Name of Company)  | (Address)  | (City/State) (Zip)   |
|---------------------------|--|--|--|
| LINE NO.                  | ACCOUNT CLASSIFICATION   | FLORIDA<br>GROSS OPERATING REVE                        | NUE INTRASTATE REVENUE   |
| 1.                        | Basic Local Services   | \$   |  |
| 2.                        | Long Distance Services (IntraLATA only)**  |  |  |
| 3.                        | Access Services  |  |  |
| 4.                        | Private Line Services  |  |  |
| 5.                        | Leased Facilities & Circuits Services  |  |  |
| 6.                        | Miscellaneous Services   |  |  |
| 7.                        | TOTAL REVENUES   |  | \$   |
| 8.                        | LESS: Amounts Paid to Other Telecommunica  | ations Companies* (see "2. Fees" on back)              |  |
| 9.                        |  | ry Assessment Fee Calculation (Line 7 less Line 8)     |  |
| 10.                       | Regulatory Assessment Fee Due (Multiply Line   |  |  |
| 10.                       |  | e by Due Date" on back)                                |  |
| 11.                       |  | e by Due Date" on back)                                |  |
| 12.                       | TOTAL AMOUNT DUE   |  | \$   |
| <ul> <li>These</li> </ul> | amounts must be intrastate only and must be ve   | rifiable.  |  |
| ** Other                  | long distance revenue must be listed on the Inte   | rexchange Regulatory Assessment Fee Return.            |  |
|                           | AS PROVIDED IN SECTION   | ON 364.336, FLORIDA STATUTES, THE MIN                  | IMUM ANNUAL FEE IS \$50  |
|                           |  | CURRENT COMPANY STATUS                                 |  |
| ( ) Facilit               | ies-Based Provider   | ( ) Reseller<br>( ) Other:                             |  |
| Complete                  | below if billing agent if other than yourself.   | BILLING INFORMATION                                    |  |
| <u></u>                   | (Name)   | (Address: City/State/Zip                               | ) (Telephone)  |
| <u> </u>                  |  | COMPANY INFORMATION                                    |  |
|                           | use telecommunications' facilities? () YES no do you lease these facilities from? Name:  | ( ) NO   |  |
| Addre                     | ss:  |  |  |
|                           |  |  |  |
| true and co               | undersigned owner/officer of the above-named correct statement. I am aware that pursuant to Sevent in the performance of his/her duty shall be g | ction 837.06, Florida Statutes, whoever knowingly make | best of my knowledge and belief the above information is a s false statement in writing with the intent to mislead a |
| <u></u>                   | (Signature of Company Official)  |  | Title) (Date)  |
|                           |  | Telephone Number ()                                    | Fax Number ( )   |
| (                         | Preparer of Form - Please Print Nar  | ne) F.E.I. No.   |  |

#### 25-24.820 Revocation of a Certificate.

(1) The Commission may on its own motion, after notice and opportunity for hearing, revoke a company's certificate for any of the following reasons:

(a) Violation of a term or condition under which the authority was originally granted;

(b) Violation of Commission rule or order;

- (c) Violation of Florida Statute; or
- (d) Violation of a price list standard.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request. Cancellation of a certificate shall be ordered subject to the holder providing the required information.

- (a) A statement of intent and date certain to pay regulatory assessment fee.
- (b) A statement of why the certificate is proposed to be cancelled.
- (c) A statement as to how customer deposits and final bills will be handled.
- (d) Proof of individual customer notice regarding discontinuance of service.

Specific Authority: 350.127(2), F.S. Law Implemented: 364.335, 364.345, F.S. History: New 12/26/95.

| SENDER: COMPLETE THIS SECTION  | -           | COMPLETE THIS SECTION ON DELIVERY   | ,   |
|--|-------------|---|---|
| <ul> <li>Complete items 1, 2, and 3, Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul> |             | A. Received by (Please Print Greenly) B. Date of Delivery<br>ED242003<br>C. Signature<br>X Agent<br>D. Is delivery address different from item 1? Yes<br>If YES, enter delivery address below: No |   |
| TX656 M/C Southern Communication<br>% M/C Venture Partners<br>75 State Street, Suite 2500<br>Boston, MA 02109-1829   | ns, Inc.    | Service Type<br>Certified Mail Express Mail<br>Registered Return Receipt for<br>Insured Mail C.O.D.<br>4. Restricted Delivery? (Extra Fee)  | r Merchandise                                 |
| 2. Article Number<br>(Transfer from service label)   | ,005 Q      | 860 0001 1756 3741  | <u>, , , , , , , , , , , , , , , , , , , </u> |
| PS Form 3811, March 2001   | Domestic Re | turn Receipt  | 102595-01-M-1424                              |

.

.

# **MCD** Company Information for TX656

## Printed on 07/21/2003 at 08:44:07 by PJI

| Company Code:       | TX656   |
|---------------------|---|
| Complete Name:      | M/C Southern Communications, Inc.                     |
| Mailing Name:       | M/C Southern Communications, Inc.                     |
| Certificate No(s):  | 8100  |
| Status:             | Active  |
| Regulation Date:    | 06/17/2002  |
| Bankruptcy:         | No  |
| Company Liaison #1: | Peter H.O. Claudy                                     |
| Title:              | President   |
| Mailing Address:    | % M/C Venture Partners                                |
| -                   | 75 State Street, Suite 2500                           |
|                     | Boston, MA 02109-1829                                 |
| Physical Location:  | % M/C Venture Partners                                |
|                     | 75 State Street, Suite 2500                           |
| 71                  | Boston, MA 02109-1829                                 |
| Phone:              | (617) 345-7200  |
| Fax:                | (617) 345-7201  |
| Related Dockets:    |   |
|                     |   |
| 020243-TX           | Application for certificate to provide alternative le |

.

020243-TX

٠

.

Application for certificate to provide alternative local exchange telecommunications service by M/C Southern Communications, Inc.

.

#### COMPANY IDENTIFICATION

Printed on 03/20/2003 at 11:27:15 by SAH

Complete Name: M/C Southern Communications, Inc.

. . . .

| Mailing Name: | M/C Southern | Communications, | Inc.       |
|---------------|--------------|-----------------|------------|
| Company Code: | TX656        | FEID Number:    | 75-3023171 |

#### RAF ACCOUNT FOR THE PERIOD 01/01/2002 THROUGH 12/31/2002

| Reg. Date:     | 06/17/2002                  | Inactive Date: | 1  |        |
|----------------|-----------------------------|----------------|----|--------|
| Service:       | ALX - Alternative Local Exc | hange          |    |        |
| Received:      | No RAF Form                 |                |    |        |
| Status:        | Pending                     |                |    |        |
| Amended:       | No                          | Extension:     | No |        |
| Frozen:        | No                          | Comments:      | No |        |
| Payment Count: | 0 Payments Made to Date     |                |    |        |
| Operating Rev: | Ş0.00                       | Interstate Rev | v: | \$2.00 |
| RAF Rate:      |                             | Net RAF Due:   |    | \$0.00 |

| Assessment    | Due    | Paid            | Owe    |
|---------------|--------|-----------------|--------|
| RAF           | \$0.00 | \$0.00          | \$0.00 |
| Penalty       | \$0.00 | \$0.00          | \$0.00 |
| Interest      | \$0.00 | \$0.00          | \$0.00 |
| Extension Fee | \$0.00 | \$0 <u>.</u> 00 | \$0.00 |
| Total         | \$0.00 | \$0.00          | \$0.00 |

Last modification was made on Thursday, December 5, 2002 at 9:40 AM by Jackie Knight

| Period covered: 01/01/2002 t | hrough 12/31/2002       | RAF rate:   |
|------------------------------|-------------------------|-------------|
| Operating rev:               | \$0.00 Gross intrastate | rev: \$0.00 |
| Documents: Delinquent letter | mailed on 02/19/2003    |             |
| RAF form mailed o            | n 12/05/2002            |             |