REQUEST TO ESTABLISH DOCKET (Please Type)				
Date:	7/17/2007		Docket No.:	070424-+I
1. Divisio	on Name/Staff Name: Division Of Competitive Markets & Enforcement/Isler			
2. OPR:				
3. OCR:	Office Of The General Counsel			
4. Suggested Docket Title: Compliance investigation of IXC Registration No. TI499, issued to Nations Broadband, Inc., for apparent second-time violation of Section 364.336, Florida Statutes.				
 5. Suggested Docket Mailing List (attach separate sheet if necessary) A. Provide NAMES OR ACRONYMS ONLY if a regulated company. B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.) 1. Parties and their representatives (if any): 				
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2. Interested persons and their representatives (if any):				
				0 -
				J JU
6. Check		on is attached.		ED-EPSO PH 2: 25 ISSION ERK
	⊠ Documentati	on is attached.		SC 25
	Documentati	on will be provided with re	ecommendatio	n.
	DOCUMENT NUMBER - DATE			

05993 JUL 176

COMPANY IDENTIFICATION

Printed on 07/16/2007 at 14:17:29 by PJI

Complete Name: Nations Broadband, Inc.

Mailing Name: Nations Broadband, Inc.

FEID Number: 75-2480756 Company Code: TI499

RAF ACCOUNT FOR THE PERIOD 01/01/2006 THROUGH 12/31/2006

Reg. Date:

08/13/1996

Inactive Date:

Service:

IXC - Interexchange Telephone

Received:

No RAF Form

Status:

Pending

Amended:

No

Extension:

No

Frozen:

No

Comments:

No

Payment Count: 0 Payments Made to Date Operating Rev:

\$0.00

Interstate Rev:

\$0.00

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	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Friday, December 1, 2006 at 4:31 PM by David Brown

Interexchange Company Regulatory Assessment Fee Return

Actual Return Actual Return Amended Return Dallas, TX 75240-6814 PFRIOD COVERED: 1001/2006 TO 1221/2006 PRIOD COVERED: 1001/2006 TO 1221/2006 Please Complete Below If Official Mailing Address Has Changed Research of Company) Research of Company			Florida P	ublic Service Comm	nission	FOR PSC	USE ONLY
Actual Return Estimated Return Amended Return Amended Return Dallas, TX 75240-6814 Pesse Complete Below If Official Mailing Address Has Changed (Name of Company) (Name of Company of Company of Company of Company of Name o	STATUS	:				Check #	
Nations Broadband, Inc. 13455 Noel Road, Suite 1000 Dallas, TX 75240-6814 Special Pp. Do6-03-001 Do1012006 TO 12/51/2006 Dallas, TX 75240-6814 Pp. Do6-03-001 Do4011 Do401	Actu	al Return	TI499-06-0-R			\$	06-03-001
PERIOD COVERED: Olivizion TO 12/31/2006 Dallas, TX 75240-6814 Please Complete Below If Official Mailing Address Has Changed Permark Date Preparer Presse Complete Below If Official Mailing Address Has Changed (Name of Company) (Name of Company) (Address) FLORIDA GROSS OPERATING REVENUE 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits Services 5. Mineclaneous Services 6. TOTAL Telephone Services 7. LESS: Amounts Paid to Telecommunications Companies* 9. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020) 10. Penalty for Late Payment (See "3. Failure to File by Due Due" on back) 11. Interest for Late Payment (See "3. Failure to File by Due Due" on back) 12. Extension Payment Fee (See "4. Extension" on back) 13. TOTAL AMOUNT DUE (See "3. Failure to File by Due Due" on back) (3) Regarders of the grost operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.356, Fiorida Sanutes. CURRENT COMPANY STATUS What it is the coal amount of mountered deposite collected? Amount: S Practifities—Based Carrier (3) Realler (4) Realler (5) Realler (6) Other: BILLING INFORMATION COMPANY INFORMATION COMPANY INFORMATION (Address: City/State/Zip) What is the total amount of the bed off applicable)? Amount: S (7) Complete below if billing agent is other than yourself. (Address: City/State/Zip) What is the total amount of the bed off applicable)? Amount: S (COMPANY INFORMATION) (Complete below if billing agent is other than yourself. (Address: City/State/Zip) What is the total amount of the bed off applicable)? Amount: S (COMPANY INFORMATION) (Complete below if billing agent is other than yourself. (Address: City/State/Zip) What is the total amount of the bed off applicable)? Amount: S (COMPANY INFORMATION) (Dite) (Dite) (Dite)			Nations Broadba	nd, Inc.			003001
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Please Complete Below If Official Mailing Address Has Changed City/State Paymark Date Pay			Dallas, TX 7524	0-6814		\$	_ P / 06-03-001
Peaster Complete Below If Official Mailing Address Has Changed Peastmark Date Peastma]		004011
Piesse Complete Below If Official Mailing Address Has Changed Initials of Preparer	01/01/2006	TO 12/31/2006					/ 1
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(Name of Company) (Address) (City/State) (Zip) LINE NO. ACCOUNT CLASSIFICATION PERATING REVENUE 1. Long Distance Services 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits Services 5. Miscellaneous Services 6. TOTAL Telephone Services 6. TOTAL Telephone Services 7. LESS: Amounts Paid to Telecommunications Companies ¹⁰ 8. TOTAL REVENUES For Regulatory Assessment Rec Calculation 9. Regulatory Assessment Rec Dus (Malatipy) Line 8 by 0,0020) 10. Penalty for Late Payment (see "2. Faither to File by Due Date" on back) 11. Interest for Late Payment (see "3. Faither to File by Due Date" on back) 12. Extension Payment Fee (see "4. Extension" on back) 13. TOTAL AMOUNT DLE (\$50 MININIUM) (1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back) (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.316, Florida Statutes. CURRENT COMPANY STATUS (3) Facilities-Based Carrier (4) Reseller (5) Reseller (7) Reseller (7) Reseller (8) Reseller (9) Call Aggregator (9) Call Aggregator (10) Complete below if billing agent is other than yourself. (Name) (Name) (Name) (Name) (Name) (Address: City/State/Zip) (Telephone) What is the total amount of customer deposits collected? Amount: S (Name) (Name) (Address: City/State/Zip) (Telephone) What is the total amount of bond held (if applicable)? Amount: S (Name) (Name) (Name) (OMPANY INFORMATION (No (Sizefedure of Company Official) (Date)							
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I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 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/her duty shall be guilty of a misdemeanor of the second degree. (Signature of Company Official) (Date)				COMPANY INFORMATION	ON		
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(Signature of Company Official) (Date) Clear Green Telephone Number 72.4() 560-2225 Fax Number ()		(9) (4)	000	800	(Tida)		
Cleve Concer Telephone Number 7217) \$60 - Fax Number ()		(Signature of Company	y Omciai)	-	(11tie)	2223	(Date)
				Telephone Number <u>(</u>	214) 560-	Fax Number (
(Preparer of Form - Please Print Name) F.E.I. No. つしよせをのる	(Pr	eparer of Form - Pleas	e Print Name)	F.E.I. No. TI	480776		



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Track & Confirm FAQs

Track & Confirm

Label/Receipt Number: 7006 0810 0002 3488 4126 Status: Delivered	Track & Confirm
Your item was delivered at 11:55 AM on February 27, 2007 in DALLAS, TX 75240.	Enter Label/Receipt Number. Go
Notification Options	- Office and the Control of the Cont
Track & Confirm by email	
Get current event information or updates for your item sent to you or others by email. \cite{t}	Gos)

POSTAL INSPECTORS
Preserving the Trust

site map contact us government services jobs National & Premier Accounts Copyright © 1999-2004 USPS. All Rights Reserved. Terms of Use Privacy Policy

71499 Del. 3/14 Due Jupa

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiect or on the front if space permits. Article Addressed to: TI499 05 0-D Nations Broadband, Inc. 13455 Noel Road, Suite 1000 Dallas, TX 75240-6814 	B. Received by (Printed Name) C. Date of Delivery
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label) 7	006 0810 0005 3488 4756
PS Form 3811, February 2004 Dome	estic Return Receipt 102595-02-M-154

MCD Company Information for TI499

Printed on 07/16/2007 at 13:54:10 by PJI

Company Code:

TI499

Complete Name: Mailing Name:

Nations Broadband, Inc. Nations Broadband, Inc.

Certificate No(s):

N/A

Status:

Active

Regulation Date:

08/13/1996

No

Bankruptcy: Company Liaison #1:

Steven L. Green

Title:

Vice President - Tariff

Mailing Address:

13455 Noel Road, Suite 1000

Physical Location:

Dallas, TX 75240-6814 13455 Noel Road, Suite 1000

Dallas, TX 75240-6814 (972) 851-7851

Phone: Fax:

(972) 851-1010

Related Dockets:

960448-TI

Application for certificate to provide interexchange

telecommunications service with alternative operator services by Nations Bell, Inc. d/b/a Nations Tel and MTS/Communicall.

991540-TI

Cancellation by Florida Public Service Commission of Interexchange Telecommunications Certificate No. 4684 issued to Nations Bell, Inc. d/b/a Nations Tel and MTS/Communicall for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees;

Telecommunications Companies.

020241-TI

Request for approval of name change on IXC Certificate No. 4684 from Nations Bell, Inc. d/b/a Nations Tel and MTS/Communicall to

Nations Broadband, Inc.

\$ \$100 Settlem.