

The CommLaw Group

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February 16, 2010

Via Overnight Courier

Blanca S. Bayo Commission Clerk, Administrative Services Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

Re: Securetel Network Inc. d/b/a STN Interexchange Carrier Registration

Dear Ms. Bayo:

On behalf of Securetel Network Inc. d/b/a STN, enclosed herewith for filing with the Florida Public Service Commission are an original and two (2) copies of its IXC Registration Form, Florida Department of State documentation, and initial intrastate services tariff. The tariff, designated as Florida Tariff No. 1, consists of Original Pages 1 through 27 and is being filed to be effective on at least one (1) day's notice, bearing an issued date of February 17, 2010 and an effective date of February 19, 2010.

An additional copy of this filing is also enclosed, to be date-stamped and returned in the postage-prepaid envelope provided.

Should there be any questions regarding this matter, kindly contact the undersigned.

COM _____ APA _____ ECR _____ GCL _____ GCL _____ RAD Jauff frunched SSC _____ ADM _____ OPC _____ CLK ____

Respectfully submitted,

Allison D. Rule **Regulatory Counsel**

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IXC REGISTRATION FORM

Company N	Name <u>S</u>	ecuretel Network Inc.
Florida Secretary of State Registration No. F100000307		
Fictitious Name(s) as filed at Fla. Sec. of State		
Company Mailing Name		Securetel Network Inc.
Mailing Address		1303 53rd Street, Suite 230, Brooklyn, NY 11219
Web Address		www.secureteInetwork.com
E-mail Address		solomon@secureteinetwork.com
Physical Address		1303 53rd Street, Suite 230, Brooklyn, NY 11219
Company Liaison		Solomon Loffler
Titl	е	President
Ph	one	(718) 633-2195
Fax	x	(713) 633-2198
E-r	nail address	solomon@securetelnetwork.com
Consumer Liaison to PSC		C Solomon Loffler
Titl	е	President
Ad	dress	1303 53rd Street, Suite 230, Brooklyn, NY 11219
Ph	one	(718) 633-2195
Fax	x	(713) 633-2198
E-r	nail address	solomon@secureteInetwork.com

My company's tariff as required in Section 364.04, Florida Statutes, is enclosed with this form. I understand that my company must notify the Commission of any changes to the above information pursuant to Section 364.02, Florida Statutes. My company will owe Regulatory Assessment Fees for each year or partial year my registration is active pursuant to Section 364.336, Florida Statutes. My company will comply with Section 364.603, Florida Statutes, concerning carrier selection requirements, and Section 364.604, Florida Statutes, concerning billing practices.

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Signature of Company Representative

Solomon Loffler, President

Printed/Typed Name of Representative

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Date

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Form PSC/CMP-31 (Rev 8/05)