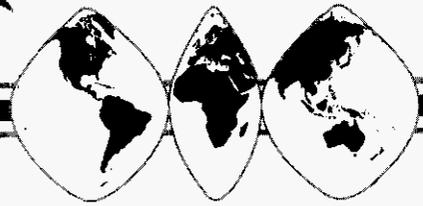


WORLD TRADE CENTER

TAMPA BAY



July 27, 2000

ORIGINAL

TRUSTEES

Dr. Peter H. Armacost
Eckerd College

Mr. Clay M. Biddinger
CMB Capital, LLC

Mr. John C. Bierley
Smith, Clark, Delesie, Bierley,
Mueller & Kadyk

Mr. Frank G. Cisneros
Marman USA, Inc.

Mr. Jerry D. Dingle
PricewaterhouseCoopers, LLP

Gen. John H. Gary III
World Trade Center Tampa Bay

Mr. William Andrew Krusen, Jr.
DFG Management, Inc.

Mr. James T. Lang
World Trade Center Tampa Bay

Mr. Craig S. Lawry

Mr. J. Kenneth Parker
World Trade Center Tampa Bay

Mr. A. Bronson Thayer
The Investment Counsel

Mr. Tom Williams
Florida Public Service Commission
Bureau of Certification and Evaluation
2 5 4 0 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

DEPOSIT

D337

DATE

AUG 01 2000

000992 - TS

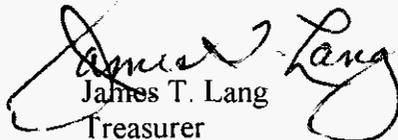
Dear Mr. Williams:

Pursuant to your instruction as per our telephone conversation of today, we are filing an application for authority to provide shared tenant services within the State of Florida.

Enclosed are the original and six copies of the application along with a check in the amount of \$100.00 to cover the required fee. On the application, we have provided the name of our corporation and the d/b/a name.

We trust this is all satisfactory, and look forward to receiving our certification.

Regards,


James T. Lang
Treasurer

enclosures

DOCUMENT NUMBER-DATE

800 Second Avenue South, Suite 340 • St. Petersburg, Florida 33701
Phone: 727-822-2492 • Fax: 727-823-8128 • Email: wtctb@gate.net • Web: www.wtctampa.com

09256 JUL 31 8

Member of the World Trade Centers Association

FPSC-RECORDS/REPORTING

State of Florida COPY



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of WORLD TRADE ASSOCIATION OF TAMPA BAY, INC., a corporation organized under the Laws of the State of Florida, filed on May 22, 1991, as shown by the records of this office.

The document number of this corporation is N43608.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
29th day of May, 1991.



CR2EO22 (2-91)

A handwritten signature in cursive script that reads "Jim Smith".

Jim Smith
Secretary of State

1. This is an application for (check one): 000992 - T S
- Original certificate (new company)
 - Approval of transfer of existing certificate: Example, a certificated company purchases an existing company and desires to retain the original certificate authority.
 - 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 for transfer of control of existing certificate: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

WORLD TRADE ASSOCIATION OF TAMPA BAY, INC
(Document # N43608)

3. Name under which applicant will do business (fictitious name, etc.):

WORLD TRADE CENTER TAMPA BAY

4. Official mailing address (including street name & number, post office box, city, state, and zip code):

5. Florida address (including street name & number, post office box, city, state, and zip code):

6. Structure of organization:

- Individual Corporation
 Foreign Corporation Foreign Partnership
 General Partnership Limited Partnership
 Other, _____

7. If individual, provide:

Name : _____

Title : _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

8. If incorporated in Florida, provide proof of authority to operate in Florida:

- (a) Florida Secretary of State corporate registration number: _____

9. If foreign corporation, provide proof of authority to operate in Florida:

- (a) Florida Secretary of State Corporate registration number: _____

10. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida.

- (a) Florida Secretary of State fictitious name registration number: _____

11. If applicant is a limited liability partnership, provide proof or registration to operate in Florida.

- (a) The Florida Secretary of State registration number: _____

12. If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

a. Name : _____
Title : _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Name : _____
Title : _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

13. If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: _____

14. Provide FEID Number(if applicable): _____

15. Who will bill for your services.

Name : _____
Address: _____
City/State/Zip: _____
Telephone Number: _____

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name : _____

Title : _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name : _____

Title : _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name : _____

Title : _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

17. List the states in which the applicant:

(a) has applications pending to be certificated as a shared tenant service provider.

(b) is certificated to operate as a shared tenant service provider.

(c) has been denied authority to operate as a shared tenant service provider and the circumstances involved.

(d) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

(e) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

18. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

a. Adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

b. Officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

19. Submit the following:

A. Financial capability.

The application must 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 must be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and must 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) must 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. A written explanation that the applicant has sufficient financial capability to maintain the requested service.
3. A written explanation 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 ACKNOWLEDGEMENT 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 the 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.

UTILITY OFFICIAL:

<u><i>Thomas J. Lang</i></u> Signature	<u>7/27/00</u> Date
<u>Treasurer</u> Title	<u>727-822-2492</u> Telephone No.

Address: <u>800 Second Ave. S</u>	<u>727-823-8128</u>
<u>Suite 340</u>	Fax No.
<u>St. Petersburg, FL 33701</u>	

ATTACHMENTS:

- A - CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT
- B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
- C - AFFIDAVIT

**** APPENDIX A ****

CERTIFICATE TRANSFER OR ASSIGNMENT STATEMENT

I. (Name) _____
(Title) _____ of
(Name of Company) _____

and current holder of Florida Public Service Commission
Certificate Number _____, have reviewed this
application and join in the petitioner's request for a

transfer

assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

Address: _____

Fax No.

**** APPENDIX B ****

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 interexchange telecommunications 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.

I will comply with all current and future Commission requirements regarding shared tenant service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year) and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or addresses listed in the application within 10 days of the change.

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:

Signature: _____ Date: _____

Printed Name: _____

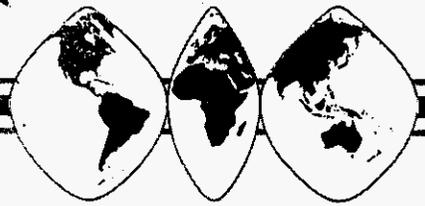
Title: _____

Address: _____

Telephone No. _____

Fax No. _____

WORLD TRADE CENTER



TAMPA BAY

July 27, 2000

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DATE

D337

AUG 01 2000

TRUSTEES

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000992-T3

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Regards,

James T. Lang
James T. Lang
Treasurer

DOCUMENT NUMBER - DATE
09256 JUL 31 00
PSC-RECORDS/REPORTING

WORLD TRADE CENTER

TAMPA BAY

800 Second Avenue South, Suite 340 • St. Petersburg, Florida 33701



NATIONSBANK, NA
ST. PETERSBURG, FL 33701
63-27/631

3586

July 27, 2000

PAY TO THE ORDER OF Florida Public Service Commission
One hundred and 00/100

\$ 100.00

DOLLARS
Security features
included
Details on back

MEMO Auth. to Provide Shared Tenant Services

⑈003586⑈

James T. Lang