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March 15, 2002

Ms. Blanca S. Bayo, Director
Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Betty Easley Conference Center, Room 110
Tallahassee, Florida 32399-0850

HAND DELIVERED

COMMISSION
CLERK

02 MAR 15 AM 11:53

RECEIVED - FPSC

020242-TC

Re: Colony 14 Communications, Inc.
Application for Certificate to Provide Pay Telephone Service within the State of Florida

Dear Ms. Bayo:

Enclosed for submission please find the original and two copies of this letter and Colony 14 Communications, Inc.'s Application for Certificate to Provide Pay Telephone Service within the State of Florida. Also enclosed is a check in the amount of \$100, made payable to the Florida Public Service Commission for the filing fee pursuant to Rule 25-24.511, Florida Administrative Code. Please file this application in your usual fashion and acknowledge receipt of this application by stamping the extra copy of this letter "Filed" and returning the copy to me.

If you should have any questions or comments regarding the enclosed, please feel free to contact me.

Sincerely,

Martin P. McDonnell

Martin P. McDonnell

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

Initials of person who forwarded check:

MPM/sy

MPM/sy
Enclosures

cc: Tom Williams, PSC Staff

RECEIVED & FILED
RYM
FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE
03031 MAR 15 02
FPSC-COMMISSION CLERK

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

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

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480

1. Name of company or name of individual (not fictitious name or d/b/a):
COLONY 14 COMMUNICATIONS, INC.

2. Name under which applicant will do business (fictitious name, etc.):
COLONY 14 COMMUNICATIONS, INC.

3. Official mailing address:

Street: _____

P.O. Box: 831371

City: STONE MOUNTAIN

State: GA Zip: 30083

4. Florida address:

Street: 100 INEST AVE. SUITE 1114

P.O. Box: _____

City: Miami

State: FL Zip: 33139

5. Structure of organization:

() Individual

Corporation

() General Partnership

() Limited Partnership

() Other: _____

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

Florida Secretary of State
Corporate Registration Number: F02000000991

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name

Registration Number: _____

8. F.E.I. Number (if applicable): 58-2455067

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

1. **Name:** _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

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

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

1. The application:

Name: YVETTE WARNICK
Title: TREAS.
Address: 2751 Kings Park Ci.
City/State/Zip: DECATUR GA 30034
Telephone No.: 678-296-6234 Fax No.: 404-534-2114
Internet E-Mail Address: YWARNICK@COLONY14.COM
Internet Website Address: _____

2. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: DOROTHY FIELDER
Title: PRESIDENT
Address: PO BOX 831371
City/State/Zip: STONE MOUNTAIN GA 30083
Telephone No.: 770-242-4443 Fax No.: 404-534-2114
Internet E-Mail Address: DFIELDER@COLONY14.COM
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously 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: NO

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

No

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

GEORGIA, SOUTH CAROLINA, LOUISIANA

2. Has applications pending to be certified as a pay telephone provider.

NO

3. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NO

4. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NO

16. Please check (✓) the services that will be provided:

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: /c

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe) _____
- _____
- _____
- _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
 No Explain: _____
- _____
- _____
- _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

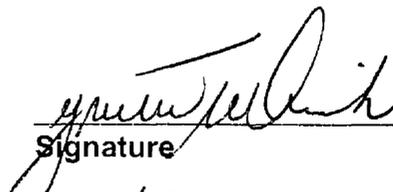
- Yes
 No Explain: _____
- _____
- _____
- _____

****APPLICANT FEE/TAX STATEMENT****

1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 the 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 \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

YETTE WARNICK
Print Name


Signature

TREASURER
Title

3/5/02
Date

770-242-4443
Telephone No.

404-534-2114
Fax No.

Address: 2751 Kings Park Ci.
DECATUR GA 30034

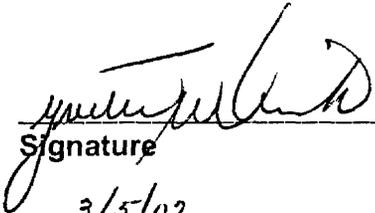
****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, 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 pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:

<u>Yvette Warnick</u>	<u></u>
Print Name	Signature
<u>Treasurer</u>	<u>3/5/02</u>
Title	Date
<u>770.242.4443</u>	<u>404-534-2114</u>
Telephone No.	Fax No.
Address: <u>2751 Kings Park Ci</u>	
<u>Decatur GA 30034</u>	

****APPLICANT ACKNOWLEDGMENT****

Applicant: Colony 14 Communications, Inc

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Yvette Warnick
Print Name


Signature

Treasurer
Title

3/5/02
Date

770-242-4443
Telephone No.

404-534-2114
Fax No.

Address: 2751 Kings Park Ct
Decatur GA 30034

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

State of Florida



Department of State

I certify from the records of this office that COLONY 14 COMMUNICATIONS, INC., is a corporation organized under the laws of Georgia, authorized to transact business in the State of Florida, qualified on February 22, 2002.

The document number of this corporation is F02000000991.

I further certify that said corporation has paid all fees due this office through December 31, 2002, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-sixth day of February, 2002



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State