



# 610440  
\$250.00  
LAF

April 11, 1996

Florida Public Service Commission  
Capital Circle Office Centre  
2540 Shumard Oak Blvd  
Tallahassee, Florida  
32399-0850

\* TORONTO, CANADA \*  
<SENT BY COURIER>

(904) 413-6600

TO WHOM IT MAY CONCERN

3689

960490-TX

Dear Sirs:

**Re: APPLICATION FOR AUTHORITY TO PROVIDE  
ALTERNATIVE LOCAL EXCHANGE SERVICE  
WITHIN THE STATE OF FLORIDA**

Please find enclosed, a \$250.00 non-refundable application fee and six (6) copies of the application for authority to obtain a certificate permitting the resale of telecommunications services in the state of Florida.

AD-TEL COMMUNICATIONS is an authorized reseller in good standing, duly registered with the Canadian Radio-Television Telecommunications Commission (CRTC), and has carried out resale activity in Canada for the past three years.

We are predominantly in the business of providing "single-hop" flat rate local long distance service in Ontario and Quebec and wish to carry out comparable activity in the State of Florida. A detailed outline of the specific activity carried out follows in the example below:

**EXAMPLE:**

- 1) Town "A" is not a local call to town "C" but may call town "C" for a flat rate of \$0.25. The same holds true for a reverse call originating in town "C" and calling back to town "A".

Town "B" resides in geographic proximity and is a local call to both towns "A" and "C".

AD-TEL Communications proposes to establish a point of presence in town "B" and provide the following sequence of events:

- (a) a caller from town "A" dials into our system which resides in town "B" and enters an authorization code to obtain access;

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

APR 15 1996  
MAY 10 1996  
MAY 10 1996

DOCUMENT NUMBER-DATE

150 Consumers Rd., Suite 405, North York, Ontario CANADA M2J 1P9

Tel: 416-499-2559 • Toll Free 1-800-567-3255 • Fax: 416-499-2485

04324 APR 15 96

RECORDS/REPORTING

- (b) upon verification, our system provides the caller with a prompt entitling them to enter a number in town "C" which they wish to connect to;
- (c) the system performs a hook-flash/3 way call, dials the number in town "C" and transfers the call - thus performing a local call from town "B" to town "C" and as a result connecting the caller in town "A" to the called party in town "C" without incurring the \$0.25 charge.

AD-TEL Communication's sole interest at this time is to carry on resale activity in Florida as specifically described in the example set out above.

For the purpose of expediting this application/procedure the writer respectfully proposes that the Commission specifically address the nature of the service intended as described in "EXAMPLE", and respond to the related questions as set out below to determine if there is indeed a basis with which to proceed; after which period of time, pending the Commission's decision and any direction which may follow, I shall provide further details as required and the information absent on page 4, 15(a) of the application.

**QUESTIONS:**

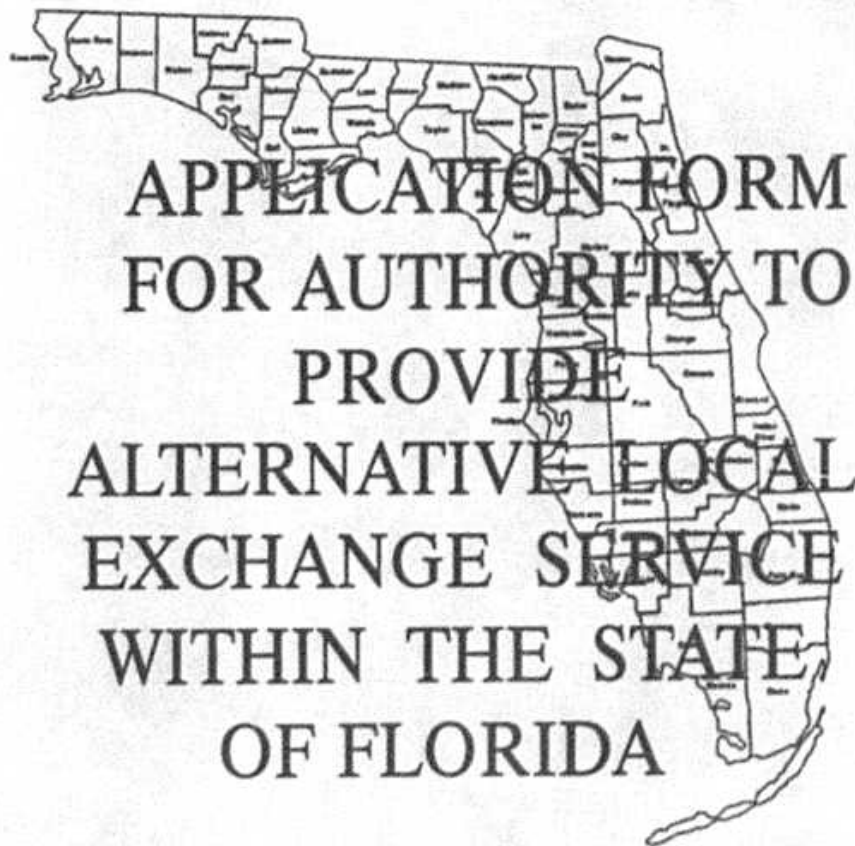
1. Is it permissible to replicate this type of activity in select Florida exchanges?  
  
i.e. (a Hollywood caller dials into a North Dade exchange, and transfers through to a Miami exchange).
2. If not permissible in it's intended form, could it be made permissible by simply facilitating the service but not charging for it?  
  
i.e. (to facilitate the service as prescribed above, for users who must first listen to a short commercial message prior to having their call processed? The service is not for resale, but is simply an advertising vehicle).
3. What new or pending legislation regulates the prohibition/permissibility of this type of service?
4. If lacking in it's current form, what other information or compliance is required to carry on such activity?
5. If permissible, what certificates/licences are required (if any) and what is the procedure which must follow the enclosed application to complete the process?

Your prompt attention to this matter is greatly appreciated and I anticipate your early response.

Should you require any additional information please do not hesitate to contact the undersigned at your earliest convenience.

Yours truly,

  
Darren J. Morgenstern



APPLICATION FORM  
FOR AUTHORITY TO  
PROVIDE  
ALTERNATIVE LOCAL  
EXCHANGE SERVICE  
WITHIN THE STATE  
OF FLORIDA

1. This is an application for (check one):

Original authority (new company)

Approval of transfer (to another certificated company)

Example, a certificated company purchases an existing company and desires to retain the original certificate authority.

Approval of assignment of existing certificate (to a noncertificated company)

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 (to another certificated company)

Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant: 989021 ONTARIO INC.

3. A. National mailing address including street name, number, post office box, city, state, zip code, and phone number.

CURRENT HEAD OFFICE: 150 CONSUMERS RD. SUITE 405  
(U.S. (FLORIDA) ADDRESS) TORONTO, ONTARIO  
(TO BE ANNOUNCED) CANADA M2J 1P9

B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

TO BE ANNOUNCED

C. Physical address of alternative local exchange service in Florida including street name, number, post office box, city, zip code and phone number.

TO BE ANNOUNCED

4. Structure of organization:

- |   |  |
|---|--|
| <input type="checkbox"/> Individual                     | <input type="checkbox"/> Corporation                 |
| <input checked="" type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership         |
| <input type="checkbox"/> General Partnership            | <input type="checkbox"/> Limited Partnership         |
| <input type="checkbox"/> Joint Venture                  | <input type="checkbox"/> Other, Please explain _____ |

5. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: N/A

6. Name under which the applicant will do business (d/b/a):

AD-TEL COMMUNICATIONS

7. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: SEE ENCLOSED COPY

8. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity.

989021 ONTARIO INC.  
150 CONSUMERS RD. SUITE 405  
TORONTO, ONTARIO CANADA M2J 1P9

9. State whether any of the officers, directors, or any of the ten largest stockholders have previously been 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, please explain.

-NO-

10. Please provide the name, title, address, telephone number, internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

DARREN J. MORGENSTERN -PRESIDENT

(FAX: 416- ) 150 CONSUMERS RD. SUITE 405 TEL: 416-499-2570  
499-2485 ) TORONTO, ONTARIO, CANADA M2J 1P9 1-800-567-3255

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

-NONE-

12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.

-NO-

13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty.

-NO-

14. Please indicate how a customer can file a service complaint with your company. LOCAL FLORIDA MAILING ADDRESS TO BE ANNOUNCED OR, TOLL FREE AT 1-800-567-3255, OR 416-498-7000, OR BY FAX, AT 416-499-2485

15. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida.

A. Financial capability.

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements, including:

1. the balance sheet
2. income statement
3. statement of retained earnings for the most recent 3 years.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should affirm that the financial statements are true and correct.

B. Managerial capability. SEE ATTACHED ENCLOSURE

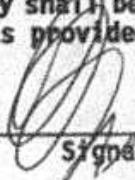
C. Technical capability. SEE ATTACHED ENCLOSURE

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 alternative local exchange 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.

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".

Official:

  
\_\_\_\_\_  
Signature

APRIL 12, 1996  
Date

Title:

DARREN JACOB MORGENSTERN  
PRESIDENT

416-499-2570  
Telephone Number

Address:

AD-TEL COMMUNICATIONS  
150 CONSUMERS RD.SUITE 405  
TORONTO, ONTARIO CANADA M2J 1P9



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Centre

TORONTO, CANADA  
<SENT BY COURIER>

(904) 413-6600

AD-TEL Communications  
**TO WHOM IT MAY CONCERN**

DEPOSIT HEREIN TO STATEY ON  
As fully described in the

Dear Sirs:

D295

APR 16 '96

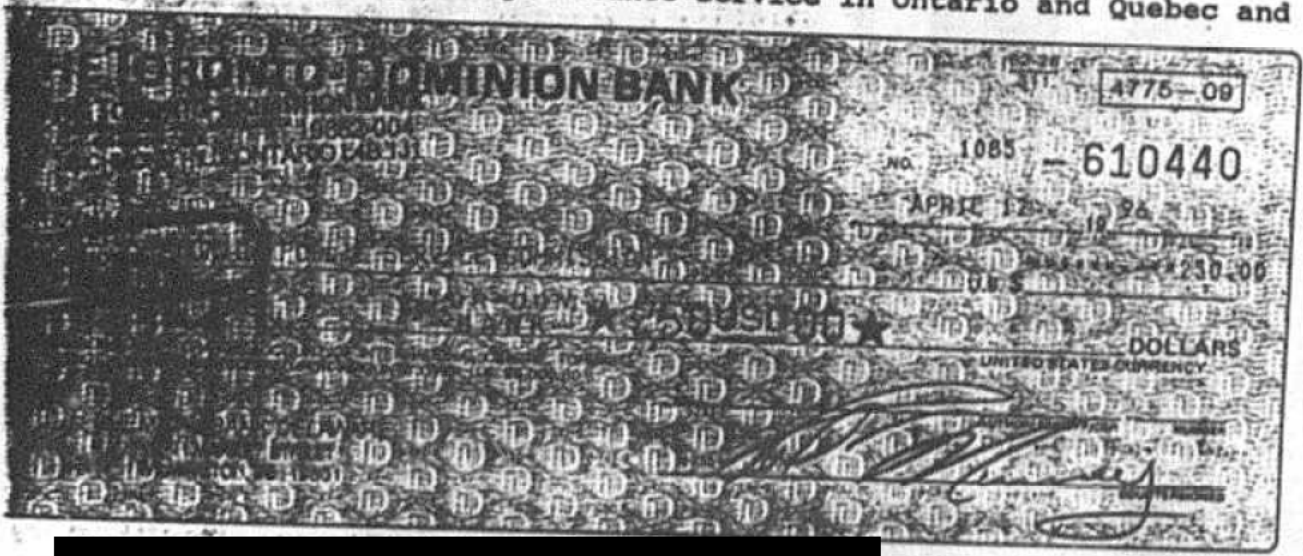
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# Registration

under the Business Names Act - Corporations

# Enregistrement

en vertu de la Loi sur les noms commerciaux (Personnes morales)

Form 2

Formule 2

Print clearly in CAPITAL LETTERS / Écrivez clairement en LETTRES MAJUSCULES

Page      of    / de

1. Registration Type  
Type d'enregistrement

A  New  
Nouvel

BIN NIE	B <input type="checkbox"/> Renewal Renouvellement	C <input type="checkbox"/> Amendment Modification	D <input type="checkbox"/> Cancellation Révocation
------------	--	--	---

If B, C or D enter "Business Identification Number" / En cas de B, C ou D, entrer "Le N° d'identification de l'entreprise"  
Indicate date of first use of name (year, month, day) / Indiquer la date de la première utilisation de nom (année, mois, jour)

2. Business or Identification Name / Nom commercial ou d'identification

AD-TEL COMMUNICATIONS

3. Mailing Address  
Adresse Postale

Street Number / N° d'adresse N° d'adresse	Street Name / Nom de la rue Nom de la rue	Suite No. / Bureau N° Bureau N°
150	CONSUMERS ROAD	# 405
City/Town / Ville Ville	Province	Country / Pays Pays
NORTH YORK	ONTARIO	CANADA
		Postal Code / Code postal M2S 1P9

4. Business address in Ontario  
Adresse commerciale en Ontario

Street Number N° d'adresse	Street Name Nom de la rue	Suite No. Bureau N°
150	CONSUMERS ROAD	405
City/Town Ville	Province	Postal Code Code postal
NORTH YORK	Ontario	M2S 1P9

5. Date of first use of Name.  
Date de la première utilisation de la dénomination.

Year/Month/Day  
Année/Mois/Jour  
94-02-01

6. Give a Brief description of the ACTIVITY being carried out under the business/identification name.  
Résumez brièvement le genre d'ACTIVITÉ exercée sous le nom commercial ou d'identification.

TELECOMMUNICATIONS, LONG DISTANCE RESALE, ADVERTISING

7. Corporation Name / Personne morale

989021 ONTARIO INC.

8. Ontario corporation number/Numéro la personne morale de l'Ontario

989021

9. Jurisdiction in which the corporation was incorporated/Le territoire de compétence où la personne morale a été constituée.

ONTARIO

10. Address of Head or Registered Office of the corporation/Adresse du siège social ou bureau enregistré de la personne morale.

Street Number N° d'adresse	Street Name Nom de la rue	Suite No. Bureau N°
150	CONSUMERS ROAD	405
City/Town Ville	Province	Country Pays
NORTH YORK	ONTARIO	CANADA
		Postal Code Code postal M2S 1P9

11. Name of Signing Officer  
Nom du signataire

Last name  
Nom de famille  
MORGENSTERN

First name  
Prénom  
DARREN

Middle name  
2<sup>e</sup> prénom  
JACOBS

12. Signature of authorized signing officer  
Signature du signataire autorisé

X

MINISTRY USE ONLY - RÉSERVÉ AU MINISTÈRE

BIN... : 950339382  
NAME... : AD-TEL COM  
REG'N. : 1995-03-23  
EXPIRY: 2000-03-22