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

DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION

**Application Form for Authority to Provide
Interexchange Telecommunications Service
Between Points Within the State of Florida**

Instructions

- This form is used as an application for an original certificate and for approval of assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Page 17).
- Print or Type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- Use a separate sheet for each answer which will not fit the allotted space.
- Once completed, submit the original and six (6) copies of this form ~~along with a non-refundable application fee of \$250.00 to.~~

Florida Public Service Commission *Attr: Tommy Williams*
Division of the Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

Note: No filing fee is required for an assignment or transfer of an existing certificate to another company.

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

Florida Public Service Commission
Division of Competitive Markets and Enforcement
Certification
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

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 DIVISION OF
 COMPETITIVE SERVICES
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FORM PSC/CMU 31 (12/96)
 Required by Commission Rule Nos. 25.24-470,
 25-24.471, and 25-24.473, 25-24.480(2).

DOCUMENT NUMBER DATE

13837 DEC 19 88

FPSC-COMMISSION CLERK

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

2. Name of company:

Voicecom Telecommunications, LLC

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

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

3399 Peachtree Road NE, Suite 600

Atlanta, GA 30326

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

1201 Hays Street

Tallahassee, FL 32301

6. Select type of business your company will be conducting (check all that apply):
- () **Facilities-based carrier** - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.
 - () **Operator Service Provider** - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
 - (X) **Reseller** - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
 - () **Switchless Rebiller** - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
 - () **Multi-Location Discount Aggregator** - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.
 - (X) **Prepaid Debit Card Provider** - any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.

7. Structure of organization;

- | | |
|--|-------------------------|
| () Individual | () Corporation |
| () Foreign Corporation | () Foreign Partnership |
| () General Partnership | () Limited Partnership |
| (X) Other <u>Limited Liability Company</u> | |

8. **If individual**, provide:

Name: _____
Title: _____
Address: _____
City/State/Zip: _____

Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

(a) **The Florida Secretary of State Corporate Registration number:**

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

(a) **The Florida Secretary of State Corporate Registration number:**

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

(a) **The Florida Secretary of State fictitious name registration number:**

12. **If a limited liability ^{Company} partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:** M02000002791

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

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

14. **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:** _____

15. Provide **F.E.I. Number** (if applicable): _____

16. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?
(X) Yes () No

(b) If not, who will bill for your services?

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

(c) How is this information provided?

17. Who will receive the bills for your service?

- | | |
|---|---|
| <input checked="" type="checkbox"/> Residential Customers | <input type="checkbox"/> Business Customers |
| <input type="checkbox"/> PATs providers | <input type="checkbox"/> PATs station end-users |
| <input type="checkbox"/> Hotels & motels | <input type="checkbox"/> Hotel & motel guests |
| <input type="checkbox"/> Universities | <input type="checkbox"/> Universities dormitory residents |
| <input type="checkbox"/> Other: (specify) _____ | |

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

(a) The application:

Name: George Rebensdorf

Title: Regulatory Consultant

Address: 30211 Banderas, Suite 200

City/State/Zip: Rancho Santa Margarita, CA 92688

Telephone No.: (949) 766-6710 **Fax No.:** (949) 766-6711

Internet E-Mail Address: mail@rebensdorf.com

Internet Website Address: www.rebensdorf.com

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

Name: Dan Mell

Title: CFO

Address: 3399 Peachtree Road NE, Suite 600

City/State/Zip: Atlanta, GA 30326

Telephone No.: (404) 262-8474 Fax No.: (404) 504-2175

Internet E-Mail Address: dan.mell@voicecom.com

Internet Website Address: www.voicecom.com

(c) Complaints/Inquiries from customers:

Name: Vanessa Stewart

Title: Customer Service Manager

Address: 3399 Peachtree Road NE, Suite 600

City/State/Zip: Atlanta, GA 30326

Telephone No.: (404) 504-2295 Fax No.: (404) 504-2175

Internet E-Mail Address: vanessa.stewart@voicecom.com

Internet Website Address: www.voicecom.com

19. List the states in which the applicant:

(a) has operated as an interexchange telecommunications company.

N/A

(b) has applications pending to be certificated as an interexchange telecommunications company.

WA, NV, OH, SD, CA, AZ, VT, NH, AL,

MS, MO

(c) is certificated to operate as an interexchange telecommunications company.

NE, NY, WV, CO, UT, MT, IN, IO, OR

(d) has been denied authority to operate as an interexchange telecommunications company and the circumstances involved.

N/A

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

N/A

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

N/A

20. 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, please explain.

N/A

(b) an 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.

N/A

21. The applicant will provide the following interexchange carrier services (check all that apply):

a. _____ **MTS with distance sensitive per minute rates**

_____ Method of access is FGA
_____ Method of access is FGB
_____ Method of access is FGD
_____ Method of access is 800

b. _____ **MTS with route specific rates per minute**

_____ Method of access is FGA
_____ Method of access is FGB
_____ Method of access is FGD
_____ Method of access is 800

c. **MTS with statewide flat rates per minute (not distance sensitive)**

Method of access is FGA

Method of access is FGB

Method of access is FGD

Method of access is 800

d. **MTS for pay telephone service providers**

e. **Block-of-time calling plan (Reach Out Florida, Ring America, etc.).**

f. **800 service (toll free)**

g. **WATS type service (bulk or volume discount)**

Method of access is via dedicated facilities

Method of access is via switched facilities

h. **Private line services (Channel Services)**
(For ex. 1.544 mbs., DS-3, etc.)

i. **Travel service**

Method of access is 950

Method of access is 800

j. **900 service**

k. **Operator services**

Available to presubscribed customers

Available to non presubscribed customers (for example, to patrons of hotels, students in universities, patients in hospitals).

Available to inmates

1. **Services included are:**

- Station assistance
- Person-to-person assistance
- Directory assistance
- Operator verify and interrupt
- Conference calling

22. Submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed).

23. Submit the following:

A. Managerial capability; give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

B. 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.

C. Financial capability.

The application **should 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 should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should 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) should 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.

THIS PAGE MUST BE COMPLETED AND SIGNED

APPLICANT ACKNOWLEDGMENT 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 its 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. APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Keith Cummings
Print Name

[Signature]
Signature

Corporate Controller
Title

12/15/02
Date

404-504-2383 404-504-2175
Telephone No. Fax No.

Address: 3399 Peachtree Rd. NE Suite 600
Atlanta, GA 30326

THIS PAGE MUST BE COMPLETED AND SIGNED

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please check one):

- (X) The applicant will **not** collect deposits nor will it collect payments for service more than one month in advance.

- () The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month.
(The bond must accompany the application.)

UTILITY OFFICIAL:

Keith Cummings
Print Name

Corporate Controller
Title

404-504-2383
Telephone No.

Address:

3399 Peachtree Rd. NE Suite 600
Atlanta, GA 30326

[Signature]
Signature

12/15/02
Date

404-504-2175
Fax No.

THIS PAGE MUST BE COMPLETED AND SIGNED

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.

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:

Keith Cummings
Print Name

Corporate Controller
Title

404-504-2383
Telephone No.

[Signature]
Signature

12/15/02
Date

404-504-2175
Fax No.

Address: 3399 Peachtree Rd. NE Suite 600
Atlanta, GA 30326

CURRENT FLORIDA INTRASTATE SERVICES

Applicant **has** () or **has not** (X) previously provided intrastate telecommunications in Florida.

If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

b) If the services are not currently offered, when were they discontinued?

UTILITY OFFICIAL:

Keith Cummings
Print Name


Signature

Corporate Controller
Title

12/15/02
Date

404-504-2383
Telephone No.

404-504-2175
Fax No.

Address: 3399 Peachtree Road NE Site 600
Atlanta, GA 30326

**BIOGRAPHICAL STATEMENTS FOR DIRECTORS AND OFFICERS OF
VOICECOM**

Kevin Moran, President

Kevin M. Moran is president of VTL. Mr. Moran joined Premiere in 1995 as Director of Wholesale Service, having over ten years of experience in business development, operations management, and strategic alliance formation. Prior to joining the company, Mr. Moran was a Southern Regional Sales manager with the Williams Companies' subsidiary, Wiltel Network Services, a predecessor of Worldcom, Inc.

Mr. Moran holds a B.S. from the University of Tulsa.

Dan Mell, VP, Chief Financial Officer

Dan Mell is the Chief Financial Officer for VTL. Mr. Mell joined VTL in 1995 as manager of International Business Development, and has sixteen (16) years of experience in the telecommunications industry. Prior to VTL, Mr. Mell held several positions with Nortel Networks in its finance organization.

Mr. Mell holds a Masters of Business Administration degree in Finance and Accounting from McGill University in Montreal, Canada.

Keith Cumming, VP, Finance & Controller

Keith Cummings is the VP of Finance and Controller of Voicecom. Mr. Cummings has fourteen (14) years of experience in the accounting and finance field. Prior to his work with the Company beginning in 1998, Mr. Cummings provided financial and accounting functions for both AT&T and BellSouth. He also worked in the public accounting arena for PriceWaterhouseCoopers.

Mr. Cummings is a Certified Public Accountant, and holds a Masters of Business Administration degree in Finance from Georgia State University in Atlanta.

Jerry Hooks, VP Operations

Jerry Hooks is the VP of Operations for VTL, having responsibility for all Network Operations, as well as technical support. Prior to joining Voicecom, Mr. Hooks served as VP, Customer Support and network Operation Officer for Intermedia Communications, a Worldcom company. Mr. Hooks career has also included various engineering, design technology, operations, and customer service assignments with Vista-United Telecommunications and The Disney Company, spanning 26 years.

Mr. Hooks earned his certificate in Executive Business Management from Rollins College in 1986.