



ORIGINAL

030 855-TA

TSI Telecommunication Services, Inc.  
One Tampa Center  
Suite 700  
Tampa, Florida 33602  
Telephone: (813) 273-3307  
Facsimile: (813) 272-8481  
Email: djroblnson@tsiconnectflns.com

August 15, 2003

Florida Public Service Commission  
Division of Commission Clerk and Administrative Services  
2540 Shumard Oak Blvd  
Tallahassee, Florida 32399-0850

RECEIVED: FPSC  
AUG 25 PM 3:39  
COMMISSION  
CLERK

RE: Application of TSI Telecommunication Network Services, Inc.  
for Authority to Provide Alternative Vendor Service within the  
State of Florida

To Whom It May Concern:

Attached please find an application plus six (6) copies authorizing TSI  
Telecommunication Network Services, Inc. to resell private line  
telecommunications services in the State of Florida. Included in this  
package is a check for \$250.00 made payable to the "Florida Public Service  
Commission" as required by Commission Rules.

Please review this application, I am available to answer any questions or  
provide additional information. I look forward to the Commission's  
approval of our application and we appreciate your consideration. Again, I  
am happy to answer any questions or provide additional information.

Sincerely,

David J. Robinson  
TSI Telecommunication Network Services, Inc.

ATTACHMENTS

Check received with filing and forwarded  
to Fiscal for deposit. Fiscal to forward  
deposit information to Records.

Initials of person who forwarded check

03 AUG 25 AM 8:30  
DISTRIBUTION CENTER

DOCUMENT NUMBER - DATE

07895 AUG 25 8

FPSC-COMMISSION CLERK

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

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT**  
**CERTIFICATION**

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE ALTERNATIVE ACCESS VENDOR SERVICE**  
**WITHIN THE STATE OF FLORIDA**

**Instructions**

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 13).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. 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**  
**Division of the Commission Clerk and Administrative Services**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6770**

Note: **A filing fee is required** for the sale, assignment or transfer of an existing certificate to another company (see Chapter 25-24.730, F.A.C.).

- E. If you have questions about completing the form, contact:  
**Florida Public Service Commission**  
**Division of Competitive Markets and Enforcements**  
**Certification**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6600**

This is an application for (check one):

FORM PSC/CMU 43 (1/95)  
Required by Commission Rule Nos. 25.24.715,  
15-24.720 and 25-24.730

**(XX ) 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 authority rather than apply for a new certificate.

**( ) Approval of Assignment of existing Certificate:** Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

**( ) Approval for transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

**2.** Name of company:

**TSI Telecommunication Network Services, Inc.**

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

**N/A**

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

**One Tampa Center #700  
Tampa, FL 33602**

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

**One Tampa Center #700  
Tampa, FL 33602**

6. Structure of organization: ✓

|                                   |                         |
|-----------------------------------|-------------------------|
| ( ) Individual                    | ( ) Corporation         |
| ( <b>XX</b> ) 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) **The Florida Secretary of State corporate registration number:**  
**N/A**

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

(a) **The Florida Secretary of State corporate registration number:**  
**Document Number: F03000002601**

10. **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:**  
**N/A**

11. **If a limited liability partnership**, please proof of registration to operate in Florida.

(a) **The Florida Secretary of State registration number:**  
**N/A**

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

**N/A**

**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 **F.E.I. Number**(if applicable):

**FEI Number: 300041667**

15. Provide the following (if applicable):

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

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

**Name: TSI TELECOMMUNICATION SERVICES, INC.**

**Title:**

**Address: One Tampa City Center, Suite 700**

**City/State/Zip: Tampa, FL. 33602 - 5157**

**Telephone No.: 813-273-3000 Fax No.:**

(c) Who will the billed party contact to ask questions about the bill?

**Name: TSI Telecommunication Services, Inc.**

**Telephone Number: 800-892-2888**

(d) How is this information provided?

**Attached is a "sample bill."**

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

(a) The application:

**Name:** David Robinson  
**Title:** Manager – Regulatory Affairs  
**Address:** One Tampa Center #700  
**City/State/Zip:** Tampa, FL 33602  
**Telephone No.:** 813-273-3307  
**Fax No.:** 813-273-3077

**Internet E-Mail Address:** drobinson@tsiconnections.com  
**Internet Website Address:** www.tsiconnections.com

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

**Name:** Robert Garcia, Esq.  
**Title:** Chief General Council  
**Address:** One Tampa Center #700  
**City/State/Zip:** Tampa, FL 33602  
**Telephone No.:** 813-273-4781  
**Fax No.:** 813-273-3077

**Internet E-Mail Address:** rgarcia@tsiconnections.com  
**Internet Website Address:** www.tsiconnections.com

(c) Complaints/Inquiries from customers:

**Name:** David Robinson  
**Title:** Manager – Regulatory Affairs  
**Address:** One Tampa Center #700  
**City/State/Zip:** Tampa, FL 33602  
**Telephone No.:** 813-273-3307  
**Fax No.:** 813-273-3307

**Internet E-Mail Address:** drobinson@tsiconnections.com  
**Internet Website Address:** www.tsiconnections.com

17. List the states in which the applicant:

(a) has operated as an Alternative Access Vendor.

**N/A**

(b) has applications pending to be certificated as an Alternative Access Vendor.

**Pennsylvania  
Tennessee**

(c) is certificated to operate as an Alternative Access Vendor.

**New Jersey  
Virginia**

(d) has been denied authority to operate as an Alternative Access Vendor and the circumstances involved.

**None.**

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

**None.**

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

**None.**

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.

**TSI has no history of criminal or unethical activity.**



(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.

**No.**

**19.** The applicant will provide the following AAV services (check all that apply):

- a. ( ) Intraexchange private line service to an affiliate.
- b. ( ) Interexchange private line service to an affiliate.
- c. ( ) Special access as part of a private line dedicated service.
- d. ( ) Special access to an IXC switched network.
- e. **(XX)** Private line services (Channel Services)

**(XX)** DS-0, 64 kb/s

**(XX)** DS-1, 1.54 Mb/s

**(XX)** DS-2, 6.31 Mb/s

**(XX)** DS-3, 44.76 Mb/s

# Alternative Access Vendor Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

**STATUS:**

- \_\_\_\_\_ Actual Return
- \_\_\_\_\_ Estimated Return
- \_\_\_\_\_ Amended Return

**PERIOD COVERED:**

**FIELD(3)**

**FIELD(1)**

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603005  
 \_\_\_\_\_ 003001

\$ \_\_\_\_\_ P  
 \_\_\_\_\_ 0603005  
 \_\_\_\_\_ 004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

|                   |           |              |       |
|-------------------|-----------|--------------|-------|
| (Name of Company) | (Address) | (City/State) | (Zip) |
|-------------------|-----------|--------------|-------|

| LINE NO. | WIDE AREA TOLL SERVICE  | FLORIDA<br>GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|---|------------------------------------|--------------------|
| 1.       | Special Access Services   | \$ _____                           | \$ _____           |
| 2.       | Private Line Services   | _____                              | _____              |
| 3.       | Leased Facilities & Circuits Services   | _____                              | _____              |
| 4.       | Miscellaneous Services  | _____                              | _____              |
| 5.       | <b>TOTAL REVENUES</b>   | _____                              | \$ _____           |
| 6.       | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)               | _____                              | _____              |
| 7.       | Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 5 less Line 6) | _____                              | _____              |
| 8.       | Regulatory Assessment Fee Due (Multiply Line 7 by 0.0015)                                       | _____                              | _____              |
| 9.       | Penalty for Late Payment (see "3. Failure to File by Due Date" on back)                         | _____                              | _____              |
| 10.      | Interest for Late Payment (see "3. Failure to File by Due Date" on back)                        | _____                              | _____              |
| 11.      | <b>TOTAL AMOUNT DUE</b>   | _____                              | \$ _____           |

\* These amounts must be intrastate only and must be verifiable.

**AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50**

**COMPANY INFORMATION**

Do you lease telecommunications' facilities? ( ) YES ( ) NO

If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 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.

|  |                        |                  |
|--|------------------------|------------------|
| (Signature of Company Official)        | (Title)                | (Date)           |
| (Preparer of Form - Please Print Name) | Telephone Number _____ | Fax Number _____ |
|  | F.E.I. No. _____       |                  |

FLORIDA PUBLIC SERVICE COMMISSION  
Instructions For Filing Regulatory Assessment Fee Return  
(Alternative Access Vendor)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND  
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before January 30 for the prior twelve-month period January 1 through December 31.*

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts.

On Line 6, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. *Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals.* **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 9). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 10). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

*When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.*

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/AD-124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less; or  
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. Make your check payable to the Florida Public Service Commission. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850  
ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Services at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

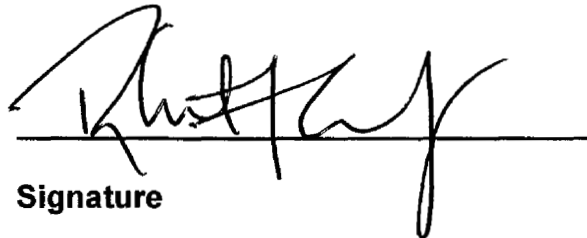
**THIS PAGE MUST BE COMPLETED AND SIGNED**  
**\*\* APPLICANT ACKNOWLEDGEMENT STATEMENT \*\***

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. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.
  
3. **RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to my provision of alternative access vendor service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.

**COMPANY OFFICIAL:**

Robert F. Garcia, Jr.

**Print Name**



**Signature**

VP/General Counsel

**Title**

8/11/03

**Date**

(813) 273-4781

(813) 273-3430

**Telephone No.**

**Fax No.**

**Address:**      **One Tampa Center #700**  
                         **Tampa, FL 33602**

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**AFFIDAVIT**

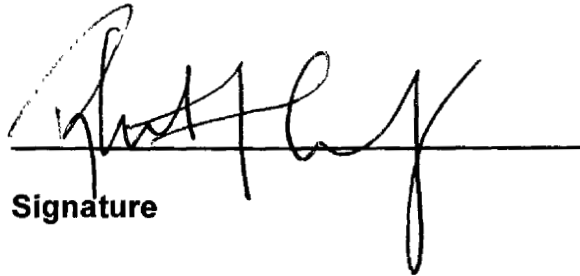
By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access vendor service in the State 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."**

**COMPANY OFFICIAL:**

Robert F. Garcia, Jr.

**Print Name**



**Signature**

VP/General Counsel

**Title**

8/11/03

**Date**

(813) 273-4781

(813) 273-3430

**Fax No.**

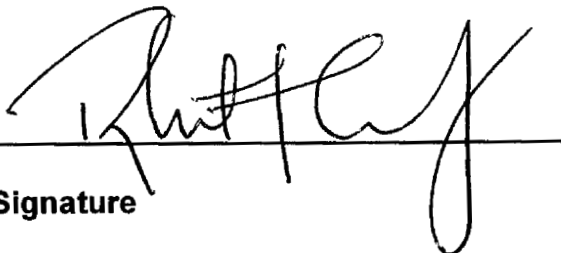
**Telephone No.**

**Address:** **One Tampa Center #700  
Tampa, FL 33602**

SERVICE AREA NETWORK

1. **CURRENT FLORIDA INTRASTATE SERVICES:** Applicant has ( ) or has not ( **XX** ) 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?

COMPANY OFFICIAL:

|   |   |
|---|---|
| <u>Robert F. Garcia, JR.</u>                              |  |
| <b>Print Name</b>   | <b>Signature</b>  |
| <u>VP/General Counsel</u>                                 | <u>8/11/03</u>  |
| <b>Title</b>  | <b>Date</b>   |
| <u>(813) 273-4781</u>                                     | <u>(813) 273-3430</u>   |
| <b>Telephone No.</b>                                      | <b>Fax No.</b>  |
| <b>Address: One Tampa Center #700<br/>Tampa, FL 33602</b> |   |



**Foreign Profit**

**TSI TELECOMMUNICATION NETWORK SERVICES INC.**

**PRINCIPAL ADDRESS**

201 NORTH FRANKLIN STREET, STE. 700  
TAMPA FL 33602

**MAILING ADDRESS**

201 NORTH FRANKLIN STREET, STE. 700  
TAMPA FL 33602

**Document Number**  
F03000002601

**FEI Number**  
300041667

**Date Filed**  
05/23/2003

**State**  
DE

**Status**  
ACTIVE

**Effective Date**  
NONE

**Registered Agent**

| <b>Name &amp; Address</b>   |
|---|
| CT CORPORATION SYSTEM<br>1200 S PINE ISLAND RD<br>PLANTATION FL 33324 |

**Officer/Director Detail**

| <b>Name &amp; Address</b>  | <b>Title</b> |
|--|--------------|
| EVANS, G EDWARD<br>201 NORTH FRANKLIN STREET, STE 700<br>TAMPA FL 33602      | DCEO         |
| DONNINI, DAVID<br>6100 SEARS TOWER<br>CHICAGO IL 60606-6402                  | D            |
| ROCHE, COLLIN<br>6100 SEARS TOWER<br>CHICAGO IL 60606-6402                   | D            |
| DONALD, ODIE C<br>236 OLD PROSPECT PT RD<br>GRAND CAYMAN, CAYMAN ISLANDS BWI | D            |
| HOLCOMBE, TONY G<br>318 SEABORD LANE, STE 202<br>FRANKLIN TN 37067           | D            |

|  |      |
|--|------|
| LAWLESS, RAYMOND L<br>201 NORTH FRANKLIN STREET, STE 700<br>TAMPA FL 33602 | CFOS |
|--|------|

### Annual Reports

| Report Year | Filed Date |
|-------------|------------|
|-------------|------------|

[Previous Filing](#)

[Return to List](#)

[Next Filing](#)

No Events  
No Name History Information

### Document Images

Listed below are the images available for this filing.

|                              |
|------------------------------|
| 05/23/2003 -- Foreign Profit |
|------------------------------|

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**

[Corporations Inquiry](#)

[Corporations Help](#)



SAMPLE BILL COPY

*TSI Telecommunication Network Services, Inc.*

*CCNS January-2003*

*Detail*

| <i>Circuit ID</i>            | <i>Install</i> | <i>Disc.</i> | <i>Type</i>       | <i>To</i>    | <i>From</i>    | <i>Charge</i> | <i>Comments</i>                                |
|------------------------------|----------------|--------------|-------------------|--------------|----------------|---------------|--|
| <i>N1234 First Tennessee</i> |                |              |                   |              |                |               |  |
| DHEC 22222                   | 12/10/02       |              | DS1 Total Service | Key West, FL | Maimi, FL      | \$NNN.NN      |  |
| DNEC 44444                   | 1/4/03         |              | DS3 Total Service | Tampa, FL    | Clearwater, FL | \$N,NNN.NN    | Install completed 1/04/03.<br>Prorate@N,NNN.NN |

*\$N,NNN.NN Circuit(s) Total*

*Billing Inquiries: (800) 892-2888*