



ORIGINAL

030864-TC

August 25, 2003  
Overnight Delivery

210 N. Park Ave.  
Winter Park, FL  
32789

P.O. Drawer 200  
Winter Park, FL  
32790-0200

Tel: 407-740-8575  
Fax: 407-740-0613  
tmi@tminc.com

Ms. Blanca Bayo, Director  
Division of the Commission Clerk & Administrative Services  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0870

RE: **Infinity Networks, Inc.**  
Application for a Certificate to Provide Pay Telephone Service  
within the State of Florida.

Dear Ms. Bayo:

Enclosed for filing are the original and six (6) copies of the above-referenced application to provide pay telephone service in the State of Florida on behalf of Infinity Networks, Inc., ("Infinity"). Also enclosed is Secretary of State documentation for the State of Florida and a check in the amount of \$100.00 to cover the application filing fee.

Please acknowledge receipt of this filing by returning, filed stamped, the extra copy of this letter in the self-addressed stamped envelope provided for that purpose.

Any questions you may have regarding this filing may be addressed to me at (407) 740-8575. Thank you for your assistance.

Sincerely,

Robin Norton, Consultant to  
Infinity Networks, Inc.

Enclosures

RN/bc

cc: Travis Torreyson, Infinity  
file: Infinity - FL - IXC  
tms: FLp0301

RECEIVED & FILED  
TH  
FPSC-BUREAU OF RECORDS

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 26 AM 9:21

DOCUMENT NUMBER DATE  
07949 AUG 26 8

FPSC-COMMISSION CLERK

**FLORIDA PUBLIC SERVICE COMMISSION**

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

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

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**1. Name of company or name of individual (not fictitious name or d/b/a):**

Infinity Networks, Inc.

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

Infinity Networks, Inc.

**3. Official mailing address:**

**Street:** Post Office Box 212  
309 East Mark Street  
**City:** Marksville  
**State & Zip** Louisiana 71351

**4. Florida Address:**

**Street:** Not applicable  
**City:**  
**State & Zip**

**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: Not applicable

**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: Not applicable

**8. F.E.I. Number ( if applicable ): 72-1424938**

**9. If individual, provide: Not applicable**

Name:

Title:

Address:

City, State, Zip:

Phone:

Fax:

Internet E-Mail:

Internet Website:

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

a. Name: Not applicable

Title:

Address:

City, State, Zip:

Phone:

Fax:

Internet E-Mail:

Internet Website:

b. Name: Not applicable

Title:

Address:

City, State, Zip:

Phone:

Fax:

Internet E-Mail:

Internet Website:

**11. Who will serve as liaison to the commission with regard to the following:**

a. The application:

Name: Robin Norton  
Title: Consultant to Infinity Networks, Inc.  
Address: 210 N. Park Avenue  
City, State, Zip: Winter Park, Florida 32789  
Phone: (407) 740-8575 Fax: (407) 740-0613  
Internet E-Mail: rnorton@tminc.com  
Internet Website: n/a

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

Name: Travis Torreyson  
Title: Vice President - Operations  
Address: 309 East Mark Street  
City, State, Zip: Marksville, Louisiana 71351  
Phone: (512) 346-4354 Fax: (512) 346-7593  
Internet E-Mail: travis@kcricket.net  
Internet Website: www.infinitynetworks.biz

- 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.**

No officer, director or stockholder of the Company has been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime. No officer, director or stockholder of the Company is involved in proceedings which may result in such action.

- 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 officer, director, partner, subsidiary, or stockholder of the Company is an officer, director or stockholder in any other Florida certificated pay telephone company.

**15. List other states in which the applicant:**

**a. Is currently providing pay telephone service.**

The Company is currently providing calling services to inmates in confinement institutions in GA, ID, KY, LA, MS, and TX.

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

None

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

None

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

None

**16. Please check the services that will be provided:**

- |                   |                                     |
|-------------------|-------------------------------------|
| Local             | <input type="checkbox"/>            |
| Long Distance     | <input type="checkbox"/>            |
| Coin              | <input type="checkbox"/>            |
| Calling Card      | <input type="checkbox"/>            |
| Credit Cards      | <input type="checkbox"/>            |
| Other, (describe) | <input checked="" type="checkbox"/> |

Infinity Networks, Inc.'s ("Infinity") primary service offering will be automated collect-only long distance services for inmates of confinement institutions. In addition the company will offer service which permits call charges to be deducted from a trustee or debit account managed by the institution's administration on behalf of the inmate.

On an incidental basis, Infinity may also provide local, coin, calling card and long distance services to employees and visitors of an institution. These non-inmate services, if available, will be accessed from instruments located in public areas of the prison or facility (e.g., waiting rooms, employee break rooms, etc.).

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

At this time, Infinity has no specific location where it plans to install service. The Company's business plans call for it to respond to requests for proposals (RFPs) from various city, county and state agencies seeking to install telecommunications services for their inmate populations. Infinity files this application in order to be prepared to offer service should it respond and win a bid from an institution within the state of Florida. The actual number of telephone instruments installed at any given location will vary based on the size of the institution served, the number of prisoners, and type of inmate calling privileges, all of which are site specific.

**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)

Call processing equipment installed at prisons or confinement institutions is equipped with remote on-line diagnostics. This capability allows the company's in-house technicians to communicate via dial up data modem with each system at any correctional facility. Infinity can troubleshoot and effect many operational changes to a system without having to be on site.

On-site repairs, such as replacement of telephone instruments or handsets, are performed by a local telecommunications firm chosen by Infinity. This subcontractor is carefully selected based on its technical expertise and ability to respond to trouble calls. To date, no subcontractor has been chosen for Florida.

Infinity relies on the technical expertise of its underlying carrier and serving local exchange carrier for maintenance and administration of its long distance network and the local facilities used for transmission of calls.

**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

Pay telephones available to the general public will allow the user to access all locally available long distance carriers. However, for services provided to inmates of prisons and other confinement institutions, access will be limited to long distance services offered by Infinity.

**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

Yes, for pay telephones available to the general public. Handicap accessibility of pay telephones provided to inmates will be subject to the requirements of the institution's administration.

## APPLICANT FEE 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. APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

### UTILITY OFFICIAL:

James Smith  
Name

President  
Title

Phone: (512) 346-4354

Address: 309 East Mark Street  
Marksville, Louisiana 71351

  
Signature

8/22/03  
Date

Fax: (512) 346-7593

**ACKNOWLEDGMENT**

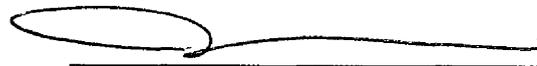
By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable 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:**

James Smith  
Name

  
Signature

President  
Title

8/22/03  
Date

Phone: (512) 346-4354

Fax: (512) 346-7593

Address: 309 East Mark Street  
Marksville, Louisiana 71351

Attachment I

**Infinity Networks, Inc.**

Certificate of Authority

to transact business within the State of Florida

FD1600006480

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Infinity Networks, Incorporated  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jim Smith (Name of Person) 800004738288  
-12/18/01--01034--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Infinity Netowrks, Incorporated (Firm/Company)

P.O. Box 30137 (Address)

Austin, TX 78755 (City/State and Zip code)

For further information concerning this matter, please call:

Mike Kennedy (Name of Person) at ( 318 ) 252-5044 (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

unt  
12/20

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Infinity Networks, Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Louisiana (State or country under the law of which it is incorporated)
3. (FBI number, if applicable)

4. August 12, 1998 (Date of incorporation)
5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 309 East Mark Street, Marksville, LA 71351 (Principal office address)
309 East Mark Street, Marksville, LA 71351 (Current mailing address)

8. Telecommunication Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 526 E. Park Avenue
Tallahassee, Florida 32301
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

Zuena M. Hewarth, Asst Secy
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Bill Belt  
Address: 309 East Mark Street, Marksville, LA 71351

Vice Chairman: Tracy Belt  
Address: 309 East Mark Street, Marksville, LA 71351

Director: Melanie Bennett  
Address: 309 East Mark Street, Marksville, LA 71351

Director: Jim Smith  
Address: 309 East Mark Street, Marksville, LA 71351

B. OFFICERS

President: Mike Kennedy  
Address: 309 East Mark Street, Marksville, LA 71351

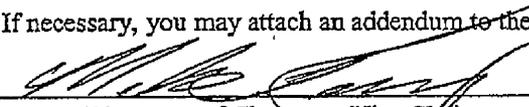
Vice President: Jim Smith  
Address: 309 East Mark Street, Marksville, LA 71351

Secretary: Tracy Belt  
Address: 309 East Mark Street, Marksville, LA 71351

Treasurer: Tracy Belt  
Address: 309 East Mark Street, Marksville, LA 71351

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01 DEC 18 PM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mike Kennedy, President  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA  
State of Louisiana



**Box McKeithen**

SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*

**INFINITY NETWORKS, INC.**

A LOUISIANA corporation domiciled at MARKSVILLE,

Filed charter and qualified to do business in this State on August 12, 1998,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation and this information is not available from the records of this Office.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 18 PM 7:57

FILED

*In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,*

November 21, 2001

*Box McKeithen*

BRI 34674361D

*Secretary of State*

