



ORIGINAL

050602-TX

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

Initials of person who forwarded check

[Handwritten initials]

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

September 12, 2005
Overnight

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

RECEIVED - FPSC
SEP 13 PM 2:48
COMMISSION CLERK

RE: Application of **Custom Network Solutions, Inc.** for authority to provide Alternative Local Exchange Service within the State of Florida

Dear Ms. Bayo:

Enclosed for filing are the original and six (6) copies of the above-referenced application of Custom Network Solutions, Inc.

Also enclosed, under Seal, are the original and one (1) copy of the financial statements of Custom Network Solutions, Inc., Attachment III of the Application. The Company is claiming Confidential treatment for these financial statements. Please handle in accordance with your normal procedures for the treatment of confidential documents.

Also enclosed is a \$250 check to cover the filing fee.

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

I may be reached at (407) 740-8575 or via email at mbyrnes@tminc.com with any questions, comments or correspondence regarding this application. Thank you for your assistance.

Sincerely,

[Handwritten signature: Monique Byrnes]

Monique Byrnes
Consultant to Custom Network Solutions, Inc.

cc: M. Rozar, CNS
file: CNS - FL Local
tms: fil0500

RECEIVED & FILED

[Handwritten initials]

FPSC-BUREAU OF RECORDS

05 SEP 13 AM 10:12

RECEIVED

DOCUMENT NUMBER-DATE

08666 SEP 13 08

FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

APPLICATION FORM

for

**AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA**

Instructions

This form is used as an application for a certificate and for approval of the assignment or transfer of an existing certificate. In case of an assignment or transfer, the information provided shall be for the assignee or transferee. (See Page 12).

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
Division of Records and Reporting
2450 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850
(850) 413-6770**

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

**Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2450 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850
(850) 413-6600**

APPLICATION

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 authority.
- Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the original certificate 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:

Custom Network Solutions, Inc.

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

Not applicable

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

Name: Custom Network Solutions, Inc.
Street: 210 Route 4 East, Suite 102
P.O. Box:
City: Paramus
State: New Jersey
Zip Code: 07652

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

The Company will not have a physical location within the State of Florida.

Name:
Street:
P.O. Box:
City:
State:
Zip Code:

6. **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"/> | Other _____ | | |

7. **If individual, provide:**

Name: Not applicable
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:**

Not applicable

The Florida Secretary of State corporate registration number:

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

The Florida Secretary of State corporate registration number: F96000006110

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

Not applicable

The Florida Secretary of State fictitious name registration number:

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

Not applicable

The Florida Secretary of State registration Number:

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

Name: Not applicable
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.**

The Florida registration number: Not applicable

14. **Provide F.E.I. Number (if applicable):** 13-384-3401

15. **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. Provide explanation.**

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.

- (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 officer, director, partner or stockholder of the Company has been an officer, director or stockholder in any other Florida certificated telephone company.

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

(a) The application:

Name: Monique Byrnes
Title: Consultant to Custom Network Solutions, Inc.
Address: P.O. Drawer 200
City, State, Zip: Winter Park, FL 32790-0200
Telephone No.: (407) 740-3005
Fax No.: (407) 740-0613
Internet E-Mail Address: mbyrnes@tminc.com
Internet Website Address: www.tminc.com

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

Name: Marc Rozar
Title: President
Address: 210 Route 4 East, Suite 102
City, State, Zip: Paramus, NJ 07652
Telephone No.: 201-845-4555
Fax No.: 201-845-5005
Internet E-Mail Address: mrozar@cnsny.net
Internet Website Address: www.cnsny.net

(c) Complaints/Inquiries from customers:

Name: Stephanie Miller
Title: Customer Service Manager
Address: 210 Route 4 East, Suite 102
City, State, Zip: Paramus, NJ 07652
Telephone No.: 201-845-4555
Fax No.: 201-845-5005
Internet E-Mail Address: smiller@cnsny.net
Internet Website Address: www.cnsny.net

17. List the states in which the applicant:

- (a) has operated as an alternative local exchange company**

New York, New Jersey

- (b) has applications pending to be certificated as an alternative local exchange company.**

None.

- (c) is certificated to operate as an alternative local exchange company.**

New York, New Jersey

- (d) has been denied authority to operate as an alternative local exchange company 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. **Submit the following:**

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

Please see Exhibit II.

- 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.**

CNS will provide local exchange services over facilities provided by the underlying LEC carrier(s). The underlying carriers perform all local switching, routing and call completion functions. The Company has extensive experience working with underlying carriers and is knowledgeable about the local exchange marketplace.

- 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. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

As indicated on Exhibit III to this application, ACN is submitting the audited financial statements of American Communications Network, Inc. and Subsidiaries, ACN's parent company, under Seal as Confidential.

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 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 that 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 \$250.00 must be submitted with this application.

UTILITY OFFICIAL:



Marc Rozar, President
Custom Network Solutions, Inc.
210 Route 4 East, Suite 102
Paramus, NJ 07652
Telephone: 201-845-4555
Facsimile: 201-845-5005

9/7/05
Date

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 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, AWhoever 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:



Marc Rozar, President
Custom Network Solutions, Inc.
210 Route 4 East, Suite 102
Paramus, NJ 07652
Telephone: 201-845-4555
Facsimile: 201-845-5005

9/7/05

Date

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. **POP:** Addresses where located, and indicate if owned or leased:

None

- | | |
|----|----|
| 1) | 2) |
| 3) | 4) |

2. **SWITCHES:** Address where located, by type of switch, and indicate if owned or leased:

None

- | | |
|----|----|
| 1) | 2) |
| 3) | 4) |

3. **TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) And indicate if owned or leased.

None

Type of POP-to POP

Owned or Leased

- | | |
|----|--|
| 1) | |
| 2) | |
| 3) | |
| 4) | |

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

NOT APPLICABLE

I, (Name and Title), of (Name of Company) and current holder of Florida Public Service Commission Certificate Number # _____, have reviewed this application and join in the petitioner=s request for a:

- G Sale
- G Transfer
- G Assignment

of the above mentioned certificate.

UTILITY OFFICIAL:



Name, Title
Company
Street
City, State, Zip
Phone:
Fax:
Toll Free:

9/7/05

Date

Custom Network Solutions, Inc.

Exhibit I

Secretary of State

and

Articles of Incorporation

**State of New York } ss:
Department of State**

I hereby certify, that the certificate of incorporation of CUSTOM NETWORK SOLUTIONS, INC. was filed on 07/11/1995, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 14th day of December
one thousand nine hundred and
ninety-nine.*

A handwritten signature in cursive script, appearing to read "J. Leub", written in black ink.

Special Deputy Secretary of State

STATEMENT OF INCORPORATOR IN LIEU OF ORGANIZATION MEETING
OF
CUSTON NETWORK SOLUTIONS, INC.

The certificate of incorporation of the above-named corporation having been filed in the Office of the Secretary of State of the State of New York, the undersigned, being the incorporator named in said certificate, does hereby state that the following actions were taken on this day for the purpose of organizing this corporation:

1. By-Laws for the regulation of the affairs of the corporation were adopted by the undersigned incorporator and were ordered inserted in the minute book immediately following the copy of the certificate of incorporation and before this instrument.
2. The undersigned hereby resigns as incorporator of the corporation as of the date set forth below.

The following are hereby elected as the director(s) of the corporation to hold office until the first annual meeting of the corporation or until their successors are elected and qualified:

Dated:

Sherri Cook
Sherri Cook
Incorporator

CERTIFICATE OF INCORPORATION

OF

CUSTOM NETWORK SOLUTIONS, INC.

Pursuant to Section 402 of the Business Corporation Law

I, the undersigned, a natural person of at least 18 years of age, for the purpose of forming a corporation under Section 402 of the Business Corporation Law of the State of New York hereby certify:

FIRST: The name of the corporation is:

CUSTOM NETWORK SOLUTIONS, INC.

SECOND: The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under Article IV of the Business Corporation Law, except that is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

THIRD: The office of the corporation is to be located in the County of NEW YORK State of New York.

FOURTH: The aggregate number of shares which the corporation shall have the authority to issue is TWO HUNDRED , each of which shall be common stock with no par value.

FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any process against the corporation served upon him is:

C/O THE CORPORATION
311 W. 43RD ST.
NEW YORK, NY 10036

SIXTH: No director of the corporation shall have personal liability to the corporation or to its shareholders for damages for any breach of duty in such capacity, provided, however, that the provision shall not eliminate or limit:

(a) the liability of any director of the corporation if a judgment or other final adjudication adverse to him establishes that his acts or omissions were in bad faith or involved intentional misconduct or a knowing violation of law or that he personally gained in fact a financial profit or other advantage to which he was not legally entitled or, with respect to any director of the corporation, that his acts violated Section 719 of the Business Corporation Law of the State of New York, or

(b) the liability of a director for any act or omission prior to the final adoption of this article.

IN WITNESS WHEREOF, this certificate of incorporation has been subscribed by the undersigned this 7/11/95 , who affirms the statements made herein are true under the penalties of perjury.

s/ Sherri Cook
Sherri Cook, Incorporator

XL Corporate & Research
Services, Inc.
194 Washington Avenue
Albany, New York 12210

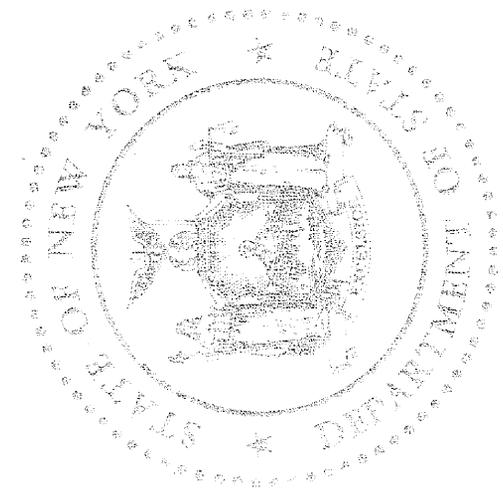
N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS

162 WASHINGTON AVENUE
ALBANY, NY 12231

FILING RECEIPT

ENTITY NAME : CUSTOM NETWORK SOLUTIONS, INC.
DOCUMENT TYPE : INCORPORATION (DOM. BUSINESS) COUNTY: NEWY
SERVICE COMPANY : XL CORPORATE SERVICES, INC. SERVICE CODE: 39 *

FILED: 07/11/1975 DURATION: PERPETUAL CASH #: 750711000310 FILM #: 750711000293



ADDRESS FOR PROCESS
THE CORPORATION
311 W. 43RD ST.
NEW YORK, NY 10036

REGISTERED AGENT

STOCK: 200 NPV

FEES	PAYMENTS	160.00	160.00
FILING	CASH	125.00	0.00
TAX	CHECK	10.00	0.00
CERT	BILLED	0.00	160.00
COPIES		0.00	
HANDLING		25.00	
	REFUND		0.00

FILER
STUART ROSENBLUM
4400 ROUTE 9 SOUTH
FREENHOLD, NJ 07720

State of Florida



Department of State

I certify the attached is a true and correct copy of the application by CUSTOM NETWORK SOLUTIONS, INC., a New York corporation, authorized to transact business within the State of Florida on November 21, 1996 as shown by the records of this office.

The document number of this corporation is F96000006110.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-second day of November, 1996



Sandra B. Northam

Sandra B. Northam
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 22, 1996

SUE BRODTMANN
UNISEARCH, INC.
1295 BANDANA BLVD N #300
ST PAUL, MN 55108

Qualification documents for CUSTOM NETWORK SOLUTIONS, INC. were filed on November 21, 1996 and assigned document number F96000006110. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

The certification you requested is enclosed.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (904) 487-6091, the Foreign Qualification/Tax Lien Section.

Doug Dickinson
Document Specialist
Division of Corporations

Letter Number: 396A00053129

Custom Network Solutions, Inc.

Exhibit II

Management Profiles

CNS MANAGEMENT BIOGRAPHIES

MARC ROZAR, PRESIDENT/CEO

A career telecommunications professional, Marc Rozar brings over 20 years of telecom management experience. Mr. Rozar is a co-founder of CNS, which was incorporated in July, 1995 and continues to oversee all areas of the company, including Sales / Marketing, Operations and Financial, while being directly responsible for Product Development and Strategic Planning.

Prior to establishing CNS, Mr. Rozar was the Senior Vice-President and Chief Operating Officer of RR&S Consulting Corp., a telecommunications consulting company specializing in long distance and data network services. Mr. Rozar has also worked for World Wide Communications and McCrory Corp. in various telecom capacities between 1983 and 1990.

Mr. Rozar received his BA degree in Business Administration from Rutgers University in 1983. He has been an active member in the Communications Managers Association and the International Communications Association (1983 - 1990), the Inter-Exchange Resellers Association and the Telecommunications Resellers Association (1990 - 2001) and Ascent / CompTel since 2001. Mr. Rozar has also attended numerous telecom classes, seminars and conferences since 1983.

JOE PUGLIESE, VICE-PRESIDENT BUSINESS DEVELOPMENT

A telecommunications professional for the past 18 years, Joe Pugliese joined CNS in 1997 after 10 years of experience at Nynex Corporation. Mr. Pugliese held several positions in Customer Service and Sales Management and was responsible for managing large, highly visible accounts such as the State of New York and Con Edison.

At CNS, Mr. Pugliese is responsible for the development of new business through the recruiting and training of new sales dealers /agents as well as supporting existing dealers /agents in the retention of existing accounts and the solicitation of new accounts.

Mr. Pugliese received his BA degree in Business Administration from the State University of New York. He has been an active member of the Telecommunications Resellers Association (1997 - 2001) and Ascent / CompTel since 2001. Mr. Pugliese has also attended numerous telecom classes, seminars and conferences since 1987 and earned several Certificates of Merit and Recognition from Nynex for the quality of work delivered to his accounts.

PAUL ROTH, VICE-PRESIDENT / IT SERVICES

Paul Roth has overall responsibility for the IT / Internet services CNS is providing it's customers. Paul has 30 years of IT / MIS and data communications experience with RAAM Information Services, World Wide Computer & Communications, R R & S Consulting Corp., Fusion Telecommunications and CNS.

Prior to CNS, Paul has held many computer / IT positions including Programmer, Systems Analyst, Project Manager, Data Processing Director, Director of MIS, Vice-President of MIS / IT and CIO. Paul has spent the last 15 years with telecommunications reselling companies and has worked on billing, provisioning and customer care systems as well as implementing and supporting Internet-related services to his customers.

Paul has received his BA degree in Business and Computer Science from Pace University in 1979. Paul was a member of the Communications Managers Association and the International Communications Association (1983 - 1990), the Inter-Exchange Resellers Association and the Telecommunications Resellers Association (1990 - 2001) and Ascent / CompTel since 2001.

Mr. Roth has attended numerous computer and telecom classes, seminars and conferences since 1980, including courses in Data Communications, Digital Communications, Voice and Data Network Design and Internet Technologies given by various companies, including Cisco, Paradyne and Lucent Technologies.

SARAH WELKER, DIRECTOR OF OPERATIONS

Sarah Welker is responsible for data network implementations, re-configurations and maintenance. Sarah has been with CNS since 1997 and has worked as a Customer Service Representative and Customer Service Manager prior to becoming Director of Operations.

At CNS, Sarah has helped design and has coordinated the cutovers of dozens of frame relay networks, private line networks and Internet Access services.

Sarah attended Adelphia University's Honors School and has attended numerous telecom classes and seminars including VOice Communications, Data Communications, Digital Communications, Frame Relay Networks and Internet Technology.

ACN Communication Services, Inc.

Exhibit III

Financial Statements

Filed as Confidential