

HABEN, CULPEPPER, DUNBAR & FRENCH

A PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

306 NORTH MONROE STREET
TALLAHASSEE, FLORIDA 32301

ROBERT C. AFGAR
BRAM D. E. CANTER
ROBERT S. COHEN
BRUCE CULPEPPER
PETER M. DUNBAR
JOHN FRENCH
RALPH H. HABEN, JR.
R. BRUCE McKIBBEN, JR.

STEVEN T. MINDLIN
DARREN A. SCHWARTZ
NANCY BLACK STEWART
SPECIAL CONSULTANT
EARL R. ADAMS*

*NOT A MEMBER OF THE FLORIDA BAR

DEPOSIT TREAS. REC

6390

MAR 18 '92

REPLY TO:
P.O. BOX 10095
TALLAHASSEE, FLORIDA 32302
TELEPHONE (904) 222-0503
TELECOPIER (904) 222-2128

March 17, 1992

Mr. Steve Tribble, Director
Division of Records and Reporting
Florida Public Service Commission
101 East Gaines Street
Tallahassee, Florida 32399-0850

via Hand Delivery

920250-TA

Re: Application for Alternative Access Vendor
Certification for Hyperion Telecommunications of
Florida, Inc.

Dear Mr. Tribble:

Enclosed please find the original and twelve copies of the
above-referenced application. Also enclosed please find our check
in the amount of \$250.00 for the fee required for this filing. You
will also find a copy of this letter enclosed. Please date-stamp
this copy to indicate that the original was filed and return a copy
to me.

Respectfully,

HABEN, CULPEPPER, DUNBAR
& FRENCH, P.A.

Peter M. Dunbar
Peter M. Dunbar

PMD/tmz
Enclosure

cc: Ted A. Huf
James Rigas
Charles Drenning

DOCUMENT NUMBER-DATE

02680 MAR 17 1992

FPS-RECORDS/REPORTING

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

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION
101 E. Gaines Street
Fletcher Building
Tallahassee, Florida 32399-0866

APPLICATION FORM
for
AUTHORITY TO PROVIDE INTEREXCHANGE TELECOMMUNICATIONS SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

- A. This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Appendix A).
- B. Respond 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. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
101 East Gaines Street
Tallahassee, Florida 32399-0866
(904) 488-1280

- E. Once completed, submit the original and twelve (12) copies of this form along with a non-refundable application fee of \$250.00 to:

Florida Public Service Commission
Division of Administration, Room G-50
101 East Gaines Street
Tallahassee, Florida 32399-0850
(904) 488-4733

FOR: PSC/CMU 31 (4/91)
Required by Commission Rule Nos. 25-24.471,
25-24.473 & 25-24.480(2)

DOCUMENT NUMBER-DATE
02690 MAR 17 1992
FPSC-RECORDS/REPORTING

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

- Original Authority (New Company).
- Approval of Transfer (To another certificated company).
- Approval of Assignment of existing certificate (To a noncertificated company).

* To operate as an alternative access vendor

2. Name of corporation, partnership, cooperative, joint venture or sole proprietorship:

HYPERION TELECOMMUNICATIONS OF FLORIDA, INC.

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

HYPERION TELECOMMUNICATIONS OF FLORIDA, INC.

4. National address (including street name & number, post office box, city, state and zip code).

1495 N.W. Britt Road
Stuart, Florida 34994

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

1495 N.W. Britt Road
Stuart, Florida 34994

6. Structure of organization:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input 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 applicant is an individual or partnership, please give name, title and address of sole proprietor or partners.

NOT APPLICABLE

- (a) Provide proof of compliance with the foreign limited partnership statute (Chapter 620.169 FS), if applicable.

NOT APPLICABLE

- (b) Provide proof of compliance with the fictitious name statute (Chapter 865.09 FS), if applicable.

Fictitious name registration number: NOT APPLICABLE

- (c) Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

- (1) 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.

NONE

- (2) 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

8. If incorporated, please give:

- (a) Proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: V04047

- (b) Name and address of the company's Florida registered agent.

Ted A. Huf
1495 N.W. Britt Road
Stuart, Florida 34994

(c) Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(1) 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.

NONE

(2) 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.

NONE

9. Who will serve as liaison with the Commission in regard to (please give name, title, address and telephone number):

(a) The application:

Peter M. Dunbar
Haben, Culpepper, Dunbar & French, P.A.
Post Office Box 10095
Tallahassee, Florida 32301
904/222-3533
Attorney for Applicant

(b) Official Point of Contact for the ongoing operations of the company:

Ted A. Huf
1495 N.W. Britt Road
Stuart, Florida 34994

(c) Tariff:

NOT APPLICABLE

(d) Complaints/Inquiries from customers:

Ted A. Huf
1495 N.W. Britt Road
Stuart, Florida 34994

10. List the states in which the applicant:

(a) Has operated as an interexchange carrier.

NONE

(b) Has applications pending to be certificated as an interexchange carrier.

NONE

(c) Is certificated to operate as an interexchange carrier.

NONE

(d) Has been denied authority to operate as an interexchange carrier 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

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

NOT APPLICABLE

___ 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

___ 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

___ **MTS with statewide flat rates per minute (i.e. not distance sensitive)**

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

___ **MTS for pay telephone service providers**

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

___ **800 Service (Toll free)**

___ **WATS type service (Bulk or volume discount)**
___ Method of access is via dedicated facilities
___ Method of access is via switched facilities

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

___ **Travel Service**
___ Method of access is 950
___ Method of access is 800

___ **900 service**

___ **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

___ **Services included are:**
___ Station assistance
___ Person to Person assistance
___ Directory assistance
___ Operator verify and interrupt
___ Conference Calling

___ **Other:**

12. What does the end user dial for each of the interexchange carrier services that were checked in services included (above).

NOT APPLICABLE

13. What services will the applicant offer to other certificated telephone companies:

NONE

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Facilities. | <input type="checkbox"/> Operators. |
| <input type="checkbox"/> Billing and Collection. | <input type="checkbox"/> Sales. |
| <input type="checkbox"/> Maintenance. | |
| <input type="checkbox"/> Other: _____ | |

14. Will your marketing program:

NOT APPLICABLE

- Pay commissions?
- Offer sales franchises?
- Offer multi-level sales incentives?
- Offer other sales incentives?

15. Explain any of the offers checked in question 14 (To whom, what amount, type of franchise, etc.).

NOT APPLICABLE

16. Who will receive the bills for your service (check all that apply)?

- | | |
|---|---|
| <input 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"/> Univ. dormitory residents. |
| <input type="checkbox"/> Other: (specify) _____ | |

The individual or entity for which the alternative access service is provided will pay an agreed upon amount for the service under the terms of an agreement between the applicant and the customer.

17. Please provide the following (if applicable):

- (a) Will the name of your company appear on the bill for your services, and if not who will the billed party contact to ask questions about the bill (provide name and phone number) and how is this information provided?

No billing will occur. Compensation for alternative access vendor services will be based upon individual contract terms agreed upon by the applicant and its customer.

- (b) Name and address of the firm who will bill for your service.

Compensation for alternative access vendor services will be based upon the individual contract terms agreed upon by the applicant and its customer.

18. Please submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission 25-24.485 (example enclosed.)

NOT APPLICABLE

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 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. Gross Receipts Tax: I understand that all telephone companies must pay a gross receipts tax of one 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: A non-refundable application fee of \$250.00 must be submitted with the application.
5. LEC Bypass Restrictions: I acknowledge the Commission's policy that interexchange carriers shall not construct facilities to bypass the LECs without first demonstrating to the Commission that the LEC cannot offer the needed facilities at a competitive price and in a timely manner.
6. 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 services in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding alternative access vendor service.
7. Accuracy of Application: By my signature below, I attest to the accuracy of the information contained in this application and associated attachments.



TED A. HUF

3/12/92

Date

ATTACHMENTS:

- A - CERTIFICATE TRANSFER STATEMENT
- B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
- C - INTRASTATE NETWORK
- D - FLORIDA TELEPHONE EXCHANGES AND
EAS ROUTES
- E - GLOSSARY

APPENDIX A

CERTIFICATE TRANSFER STATEMENT

I, _____,
current holder of certificate number _____, have
reviewed this application and join in the petitioner's request.

Signature of owner or chief officer
of the certificate holder

Title

Date

APPENDIX B

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 responded to 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 will file with the Commission and maintain a surety bond in an amount equal to the current balance of deposits and advance payments in excess of one month. (Bond must accompany application.)

Ted Huff
TED A. HUF

DIRECTOR of Operations
Title

3/12/92
Date

APPENDIX C

INTRASTATE NETWORK

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

- | | | | |
|----|---|----|--|
| 1) | 2129 Congress Avenue Riviera Beach, FL 33404 (Leased) | 2) | 1495 N.W. Britt Road Stuart, FL 34994 (Leased) |
| 3) | | 4) | |

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

- | | | | |
|----|--|----|--|
| 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:

| | | | |
|----|-------------------|-------------|------------------|
| 1) | <u>POP-to-POP</u> | <u>TYPE</u> | <u>OWNERSHIP</u> |
|----|-------------------|-------------|------------------|

2)

4. Originating Service: Please provide the list of exchanges where you are proposing to provide originating service within thirty (30) days after the effective date of the certificate (Appendix D).

5. Traffic Restrictions: Please explain how the applicant will comply with the EAEA requirements contained in Commission Rule 25-24.471 (4) (a) (copy enclosed).

6. 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?

Ted A. Huf

TED A. HUF

DIRECTOR OF OPERATIONS

Title

3/12/92

Date

APPENDIX D
FLORIDA TELEPHONE EXCHANGES
AND
EAS ROUTES

Describe the service area in which you hold yourself out to provide service by telephone company exchange. If all services listed in your tariff are not offered at all locations, so indicate.

NOT APPLICABLE

In an effort to assist you, attached is a list of major exchanges in Florida showing the small exchanges with which each has extended area service (EAS).

NOT APPLICABLE

Ted A. Huf
TED A. HUF

Director of Operations
Title

3/12/92
Date

HABEN, CULPEPPER, DUNBAR & FRENCH

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

306 NORTH MONROE STREET
TALLAHASSEE, FLORIDA 32301

ROBERT C. AFGAR
BRAM D. E. CANTER
ROBERT S. COHEN
BRUCE CULPEPPER
PETER M. DUNBAR
JOHN FRENCH
RALPH H. HABEN, JR.
R. BRUCE MCKIBBEN, JR.

STEVEN T. MINDLIN
DARREN A. SCHWARTZ
NANCY BLACK STEWART
SPECIAL CONSULTANT
KARL R. ADAMS*

*NOT A MEMBER OF THE FLORIDA BAR

DEPOSIT DEPARTMENT

6 3 9 2

MAR 18 1992

REPLY TO
P O BOX 10095
TALLAHASSEE, FLORIDA 32302
TELEPHONE (904) 222-3533
TELECOPIER (904) 222-2126

March 17, 1992

Mr. Steve Tribble, Director
Division of Records and Reporting
Florida Public Service Commission
101 East Gaines Street
Tallahassee, Florida 32399-0850

via Hand Delivery

Re: Application for Alternative Access Vendor
Certification for Hyperion Telecommunications of
Florida, Inc.

Dear Mr. Tribble:

Enclosed please find the original and twelve copies of the
above-referenced application. Also enclosed please find our check
in the amount of \$250.00 for the fee required for this filing. You
will also find a copy of this letter enclosed. Please date-stamp
this copy to indicate that the original was filed and return a copy
to me.

Respectfully,

HABEN, CULPEPPER, DUNBAR & FRENCH, P.A.
306 NORTH MONROE STREET
TALLAHASSEE, FLORIDA 32301
PHONE: (904) 222-3533

FIRST FLORIDA BANK, N.A.
Tallahassee, Florida 32314

12526

NUMBER

PAY:

03/17/92
DATE

12526 *****250.00
AMOUNT

*** TWO HUNDRED FIFTY & 00/100 DOLLARS

TO THE Public Service Commission

ORDER
OF

OPERATING ACCOUNT

