

WIGGINS & VILLACORTA, P.A.

ATTORNEYS AT LAW

501 EAST TENNESSEE STREET

POST OFFICE DRAWER 1657

TALLAHASSEE, FLORIDA 32302

TELEPHONE (904) 222-1534

TELECOPIER (904) 222-1689

May 22, 1996

96064-7A

VIA HAND DELIVERY

Florida Public Service Commission
Division of Administration
2540 Shumard Oak Boulevard
Gunter Building
Tallahassee, Florida 32399-0850

RECEIVED
MAY 2 1996

Re: Digital Services Corporation

FPSC-RECORDS/REPORTING

Dear Division of Administration:

Enclosed for filing are the original and twelve (12) copies of Digital Services Corporation's Application for Authority to Provide Alternative Access Vendor Service Within the State of Florida, along with the \$250.00 filing fee.

Thank you for your assistance in this matter.

Sincerely,



Marsha E. Rule

MER:plk
Enclosures

RECEIVED

1/6

Initials of person who forwarded check
W.S.

FPSC-RECORDS/REPORTING

MAY 22 1996

FPSC-RECORDS/REPORTING

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

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE ALTERNATIVE ACCESS VENDOR 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.
- 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
2540 Shumard Oak Blvd.
Gunter Building
Tallahassee, Florida 32399-0850

- 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
2540 Shumard Oak Blvd.
Gunter Building
Tallahassee, Florida 32399-0850
(904) 413-6251

FORM PSC/CMU 43 (1/95)
Required by Commission Rule Nos. 25-24.720 & 25-24.730

DOCUMENT ID: 05658 DATE: MAY 22 2008

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).
- Approval for transfer of control (To another certificated company).

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

Digital Services Corporation

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

Digital Services Corporation

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

2300 Claredon Boulevard, Suite 800
Arlington, VA 22201

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

Not applicable.

6. Structure of organization;

- Individual
- Foreign Corporation
- General Partnership
- Other, _____
- Corporation
- Foreign Partnership

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.

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

Fictitious name registration number: N/A

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

(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.

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: F96000002045

Florida Secretary of State authorization to transact business within the State of Florida attached.

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

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

- (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.

No.

(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.

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

- (a) The application;

Marsha E. Rule
Wiggins & Villacorta, P.A.
501 East Tennessee Street
Suite B
Post Office Drawer 1657
Tallahassee, Florida 32302
(904) 222-1534

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

Hal Perkins
General Counsel/Assistant Secretary
2300 Claredon Boulevard, Suite 800
Arlington, VA 22201
(703) 516-6741

- c) Complaints / Inquiries from customers

Hal Perkins
General Counsel/Assistant Secretary
2300 Claredon Boulevard, Suite 800
Arlington, VA 22201
(703) 527-9433

10. List the states in which the applicant:

- a) Has operated as an Alternate Access Vendor.

None.

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

The company has filed or will shortly file multi-service applications in the following states, some of which may include IXC authority:

Arizona, California, Colorado, Georgia, Illinois, Indiana, Kansas, Massachusetts, Michigan, Minnesota, Missouri, New York, Ohio, Oregon, Pennsylvania, Texas, Washington and Wisconsin.

c) Is certificated to operate as an Alternate Access Vendor.

None.

d) Has been denied authority to operate as an Alternate 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.

11. 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. Private line services (Channel Services)

Digital Services Corporation will provision high speed digital voice, data and video services over a broadband wireless radio network utilizing channels in the 18.8 GHz to 19.260 GHz band.

DS-0, 64 kb/s
 DS-1, 1.54 Mb/s
 DS-2, 6.31 Mb/s
 DS-3, 44.76 Mb/s

12. How does the end user access each of the AAV services that were checked above?

No special access required by end-user.

13. 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?

Digital Services Corporation's name will appear on customer bills.

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

Digital Services Corporation will bill for its services.

APPENDIX A

CERTIFICATE TRANSFER STATEMENT

Not applicable.

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

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

****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):

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.)

UTILITY OFFICIAL:


Signature

May 20, 1996
Date

Hal B. Perkins

Assistant Secretary
Title

(703) 527-9433
Telephone No.

****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 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:** A non-refundable application fee of \$250.00 must be submitted with the application.
5. **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 interexchange telephone service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.
6. **ACCURACY OF APPLICATION:** By my signature below, I the undersigned owner or officer of the named utility in the application, attest to the accuracy of the information contained in this application and associated attachments. I have read the foregoing and declare that to the best of my knowledge and belief, the information is a true and correct statement. 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.

UTILITY OFFICIAL:


Signature

May 20, 1996
Date

Hal B. Perkins

Assistant Secretary
Title

(703) 527-9433
Telephone No.

ATTACHMENTS:

- A - CERTIFICATE TRANSFER STATEMENT (Not applicable.)
- B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
- C - SERVICE AREA NETWORK



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 24, 1996

C T CORP

Qualification documents for DIGITAL SERVICES CORPORATION were filed on April 24, 1996 and assigned document number F96000002045. 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.

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.

Michael Mays
Document Specialist
Division of Corporations

Letter Number: 996A00019390

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. Digital Services Corporation
(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. Virginia 3. 54-1571893
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 5, 1990 5. Perpetual
(Date of incorporation) (Duration. Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 2300 Clarendon Blvd, Ste. 800, Arlington, Virginia 22201
(Current mailing address)

8. render telecommunications services and/or invest in telecommunications services
providers
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of
Florida)

9. Name and street address of Florida registered agent

Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine
Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System
Kevin J. Gallagher
(Registered agent's signature) (Officer)

KEVIN J. GALLAGHER
By: Kevin J. Gallagher (Type Name and Title) (Officer) vp

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR 24 PM 1:43

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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Rajendra Singh

Address: 2100 Clarendon Blvd. Ste. 800

Arlington, Virginia 22201

Vice Chairman: Neera Singh

Address: 2100 Clarendon Blvd. Ste. 800

Arlington, Virginia 22201

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Treasurer: _____

Address: _____

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

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR 24 PM 1:43

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of
Digital Services Corporation**

1. Rajendra Singh, President and Treasurer
2300 Clarendon Blvd. Ste. 800
Arlington, Virginia 22201
2. Neera Singh, Vice President, Secretary
2300 Clarendon Blvd. Ste. 800
Arlington, Virginia 22201
3. Hal B. Perkins, Assistant Secretary
2300 Clarendon Blvd. Ste. 800
Arlington, Virginia 22201

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DIVISION OF CORPORATIONS
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WIGGINS & VILLACORTA, P.A.

ATTORNEYS AT LAW

501 EAST TENNESSEE STREET

POST OFFICE DRAWER 1657

TALLAHASSEE, FLORIDA 32302

TELEPHONE (904) 222-1534

TELECOPIER (904) 222-1689

DEPOSIT TREATY REP DATE
MAY 23 1996

960641-TX

May 22, 1996

VIA HAND DELIVERY

Florida Public Service Commission
Division of Administration
2540 Shumard Oak Boulevard
Gunter Building
Tallahassee, Florida 32399-0850

96 0641-TX

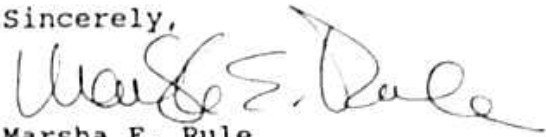
Re: Microwave Services, Inc.

Dear Division of Administration:

Enclosed for filing are the original and twelve (12) copies of Microwave Services, Inc.'s Application for Authority to Provide Alternative Access Vendor Service Within the State of Florida, along with the \$250.00 filing fee.

Thank you for your assistance in this matter.

Sincerely,



Marsha E. Rule

MER:plk
Enclosures

96 MAY 23 AM 9 23
MAIL ROOM

WIGGINS & VILLACORTA, P.A.

ATTORNEYS AT LAW
501 EAST TENNESSEE STREET
POST OFFICE DRAWER 1657
TALLAHASSEE, FLORIDA 32302

TELEPHONE (904) 222-1534
TELECOPIER (904) 222-1689

DEPOSIT TREAS. REC.

DATE

MAY 25 '96

6516

960641 -TX

May 22, 1996

VIA HAND DELIVERY

Florida Public Service Commission
Division of Administration
2540 Shumard Oak Boulevard
Gunter Building
Tallahassee, Florida 32399-0850

96 0641-TX

Re: Microwave Services, Inc.

Dear Division of Administration:

Enclosed for filing are the original and twelve (12) copies of Microwave Services, Inc.'s Application for Authority to Provide Alternative Access Vendor Service Within the State of Florida, along with the \$250.00 filing fee.

Thank you for your assistance in this matter.

Sincerely,

Marsha E. Rule
Marsha E. Rule

MPD:alk

FOR SECURITY PURPOSES, THE BORDER OF THIS DOCUMENT CONTAINS MICROPRINTING

WIGGINS & VILLACORTA, P.A.
POST OFFICE DRAWER 1657
TALLAHASSEE, FL 32302
PHONE (904) 222-1534



CAPITAL CITY BANK
TALLAHASSEE, FLORIDA

6697

NUMBER

63-68/631

CHECK NO. 6697

PAY: TWO HUNDRED FIFTY DOLLARS

DATE

AMOUNT

05/22/96

*****\$250.00

TO THE ORDER OF
FL Public Service Comm.
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Patricia Wiggins

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

State of Florida

Commissioners:

SUSAN F. CLARK, CHAIRMAN
J. TERRY DEASON
JULIA L. JOHNSON
DIANE K. KIESLING
JOE GARCIA



DIVISION OF RECORDS &
REPORTING
BLANCA S. BAYÓ
DIRECTOR
(904) 413-6770

Public Service Commission

May 28, 1996

Marsha E. Rule
c/o Wiggins & Villacorta, P.A.
Post Office Drawer 1657
Tallahassee, Florida 32302

Docket No. 960641-TA

Dear Ms. Rule:

This will acknowledge receipt of an application for certificate to provide alternative access vendor service by Digital Services Corporation, which was filed in this office on May 22, 1996 and assigned the above-referenced docket number. Appropriate staff members will be advised.

A tentative schedule of events in your docket (referred to as a Case Assignment and Scheduling Record or CASR) should be available, upon request, ten (10) working days after establishment of the docket. You may contact the Records Section at (904) 413-6770 or by fax at (904) 413-7118 to request that a copy of the case schedule be faxed or mailed to you. The schedule of events provides you with an opportunity to anticipate completion stages of work in the docket. These dates are subject to change; therefore, you may wish to call the Records Section periodically to obtain revised schedules for your docket. For firm dates of hearings or other activities, please look to the Commission's official notices and orders. You can also obtain information on your docket by accessing the PSC HomePage on the Internet, at <http://www.state.fl.us/psc/>.

Sincerely,

A handwritten signature in black ink that reads "Matilda Sanders".

Matilda Sanders
Commission Deputy Clerk