FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

OWN NAME. IMENTATION: PARTNERS	APPLICAN 7 May Flora New) ATION (C	T(S) yflower al Park York 11 HECK ONE BUSINESS	Place OO1 UNDER HIS/	HER:	[]	
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INDIVIDUA OWN NAME. MENTATION: PARTNERS	L DOING	BUSINESS	UNDER HIS/		[]	
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PARTNERS	CIFE-100	er docum	entation ne	0.190.10 An		
initiation of the control	HIP:			eded.		
					[]	
DOCUMENTATION: Attach a copy of the partnership agreement, and a li- with the name and address of all partners.						
CORPORATI	ON:				[x]	
DOCUMENTATION: Attach proof that articles of incorporation have be filed with the Florida Secretary of State's Office. If incorporat outside of Florida, attach proof from the Florida Secretary of State th applicant has authority to operate in Florida and provide name and addre of Florida Registered Agent.						
	Amer	ican Ne	twork Exc	hange, I	nc.	
ESS	100	ntion: W. Luce	Amy S. Gr	oss e, Suite	100	
lando, Flo	orida	32801				
	MENTATION: d with the ide of Flor icant has a lorida Regi ESS	MENTATION: Attach d with the Florida ide of Florida, atta icant has authority lorida Registered A Amer Atte ESS 100	MENTATION: Attach proof to define with the Florida Secretaride of Florida, attach proof icant has authority to operationida Registered Agent. American Ne Attention: ESS 100 W. Luce lando, Florida 32801	MENTATION: Attach proof that article d with the Florida Secretary of Stat ide of Florida, attach proof from the F icant has authority to operate in Florid lorida Registered Agent. American Network Exc Attention: Amy S. Gr 100 W. Lucerne Circle lando, Florida 32801	MENTATION: Attach proof that articles of income did with the Florida Secretary of State's Official de of Florida, attach proof from the Florida Secretary to operate in Florida and provided Registered Agent. American Network Exchange, In Attention: Amy S. Gross 100 W. Lucerne Circle, Suite	MENTATION: Attach proof that articles of incorporation d with the Florida Secretary of State's Office. If i ide of Florida, attach proof from the Florida Secretary of icant has authority to operate in Florida and provide name lorida Registered Agent. American Network Exchange, Inc. Attention: Amy S. Gross 100 W. Lucerne Circle, Suite 100 lando, Florida 32801

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

j.	PROVI RESPO	DE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS NSIBLE FOR COMMISSION CONTACTS:
	NAME :	Anthony Scalice
	TITLE	: President
	PHONE	: 516-326-2540
i.	THE C	PPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR INCASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF DA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
	No	
	IF T CERTI	HE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE FICATE HOLDER AND CERTIFICATE NUMBER.
3.	LIST	THE STATES IN WHICH THE APPLICANT:
	Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE New York
	В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.
		No
	С.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.
		No

	TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
	No ·
FOUND	SE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP VIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OF GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS IN TERMS PENDING PROCEEDINGS.
No	
	SE CHECK THE SERVICES THAT WILL BE PROVIDED:
LOCAL LONG COIN CALLI	r ~ 1
LOCAL LONG COIN CALLI CREDI	[X] [X
LOCAL LONG COIN CALLI CREDI	[X] [X
LOCAL LONG COIN CALLI CREDI OTHER COII PROPO IN TH	DISTANCE [X] [X] [X] [X] [X] [X] [X] [X] [X] [X

3.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+O, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.					
	Yes					
4.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)					

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

Anthony Scalice, President

DATE: 9-28-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	Crescent Pu	blic Communic	cions, Inc.	-
Service Com	dge receipt an mission's Rules ephone Septice	nd understanding and Requirement	of the Flori s relating to my	ida Public provision
Signature	4111	No Colice		-
Title Ant	hony Scalice	, President		_
Date	10/31	96		-

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.



Bepartment of State

I certify the attached is a true and correct copy of the application by CRESCENT PUBLIC COMMUNICATIONS INC, a New York corporation, authorized to transact business within the State of Florida on September 30, 1996 as shown by the records of this office.

The document number of this corporation is F96000004999.

Given under mp hand and the Great Seal of the State of Florida, at Callahassee, the Capital, this the Thirtieth day of September, 1996



CR2EO22 (1-95)

Sendra B. Mortham

Sandra B. Mortham Secretary of State

APPLICATION BY FOREIGN CORPORATION FO AUTHORIZATION TO

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:

Crescent Publ. (Name of corporation: mabbreviations of like important partnership if not so corporations) (Name of corporation: mabbreviations of like important partnership if not so corporations)	ic Communications ust include the word INC ort in language as will clea ontained in the name at pr	S Inc. ORPORATED dy indicate the resent.)	", "COMPANY", "CORI at it is a corporation i	PORATION or words or instead of a natural person
2. New York		_	11 2202625	
(State or country under th	e law of which it is incorp	orated) 3	11-3292635	
4. May 31, 1995			(FEI number, if appli	cable)
(Date of Incorporate	ion) 5	Perpetua.		
6. N/A	200		ear corp. will cease to	
Oate first transacted busing 7. 7 Mayflower Plantage 1.	ness in Florida. <i>(See seca</i> ace	ions 607.1501	. 607.1502, and 817.1	55, F.S.J
Floral Park, NY	11001			
8. All lawful purp	(Current mailing address oses; to provide on authorized in home sta			96 SET SECULE
	American Netwo	rk Exchar	ge Inc.	AM II: 40 EE. FLORIDA
Ooc 2001e35.	100 W. Lucerne Orlando		, Florida ,	32801
	Attn: Amy Gros		, Florida , .	(Zip Code)
10. Registered agent's				(Lip Code)
Having been named as re corporation at the place registered agent and agre of all statutes relative to t with and accept the obliga	rgistered agent and to designated in this ap e to act in this capaci he proper and comple tions of my position a MN NETWORK EXCHAI	ity. I further ete perform es registere NGE, INC.	agree to comply ance of my duties	ne appointment as
Kenn	(Registered attent's sig eth G. Baritz, C	hairman		
 Attached is a certifical 	te of existence duly	authenticat	nd nas	

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

Chairman	n: _ Kenneth G. Baritz
Address	: _101 Park Avenue Suite 2507
	NY, NY 10178
Vice Cha	irman:
	Kenneth Baritz
Address:	101 Park Avenue Suite 2507
1 2 3 6	NY, NY 10178
Director: _	
Address: _	
x:	
OFFICERS	
President:	Anthony Scalice
Address: _	7 Mayflower Place
_	Floral Park, NY 11001
Vice Presid	lent:
Address: _	SEE
	F6- 10
Secretary:	Renee Brandner
Address:	101 Park Avenue Suite 2507
	NY, NY 10178
Treasurer:	
Address: .	
If necessary, you ma	ay attach an addendum to the application listing additional
directors.	
In Sing	
nature of Chairman, Vice-C	hairman, or any officer listed in number 12 of the application)

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

CRESCENT PUBLIS COMMUNICATIONS, INC.

A member of the AMNEX family

DEPOSIT TREAS, REC.

DATE

D386 Manual OCI 16'96

October 15, 1996

VIA FEDERAL EXPRESS

Mr. Walter D'Haeseleer Director, Division of Communications Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0876

Application of Crescent Public Communications, Inc.

For A Pay Telephone Cartificate

Dear Mr. D'Haeseleer:

Attached please find and original and two (2) copies of a completed "Florida Pay Telephone Certificate Application" on behalf of Crescent Public Communications, Inc., together with a check in the amount of \$100.00 representing the applicable filing fee.

To confirm the Commission's receipt of the Application and filing fee, kindly date stamp the enclosed extra copy of this letter and return it in the self-addressed stamped envelope provided.

Should you have any questions, kindly contact Mr. Tony Scalice at the address and phone number below.

Very truly voure

CRESCENT PUBLIC COMMUNICATIONS INC. **OPERATING ACCOUNT**

7 MAYFLOWER PLACE FLORAL PARK, NY 11001 NATIONAL WESTMINSTER BANK NEW HYDE PARK OFFICE 646 JERICHO TURNPIKE NEW HYDE PARK, NY 11040

1-32-280 20

CHECK NO.

005642 10/14/96

ONE HUNDRED AND NO/100 Dollars

FLORIDA PUBLIC SREVICE COMMISSION

TO THE

rescent public COMMUNICATIONS, INC.

A member of the AMNEX family

VIA FEDERAL EXPRESS

DEPOSIT TREAS, REC. DATE

D38A 網線開始 DCI 16'96

October 15, 1996

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Very truly yours,

Amy S. Gross

Enclosures