

ORIGINAL  
FILE COPY

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

WorldCom, Inc. d/b/a LDDS WorldCom

961-200-7000

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

LDDS WorldCom

3. ADDRESS OF THE APPLICANT(S)

STREET 1515 S. Federal Highway Suite 400

CITY Boca Raton

STATE & ZIP Florida 33432

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:   
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME Charlie Coyle & Company, Inc.

ADDRESS 826 Shadybrook Drive, Suite B

Marietta, GA 30066

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

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969290-TC

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D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Brian Sulmonetti  
TITLE: Director, Regulatory Affairs  
PHONE: 561-750-2940

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

No

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N.A.

8. LIST THE STATES IN WHICH THE APPLICANT:

- A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

TN, KY, MA, SC, MS, TX, MN, MO, OH, WI, IN

- B. HAS APPLICATIONS PENDING TO BE CERTIFICATED 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. EXPLAIN CIRCUMSTANCES.

None

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9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

None

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10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[ ]
LONG DISTANCE	[ ]
COIN	[ ]
CALLING CARD	[ ]
CREDIT CARD	[ ]
OTHER, DESCRIBE	[ X ] Inmate services (local, long dist.)

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 500.

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY	[ ]
FULL-TIME TECHNICIAN	[ X ]
PART-TIME TECHNICIAN	[ ]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[ X ]
OTHER, DESCRIBE	[ ]

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13. 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.)

As required by FPSC rules, including rules for inmate services.

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14. 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.)

As required by FPSC rules, including rules for inmate services.

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Regulatory Director

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~~)  
Regulatory Director

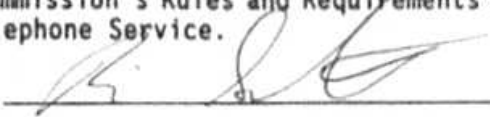
DATE: October 25, 1996

APPLICANT ACKNOWLEDGEMENT CARD

Applicant WorldCom, Inc. d/b/a LDDS WorldCom

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature



Title Director, Regulatory Affairs

Date October 25, 1996

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.



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

March 1, 1994

LEON NOWALSKY  
NOWALSKY & BRONSTON  
3900 NORTH CAUSEWAY BLVD., SUITE 1275  
METAIRIE, LA 70002

Re: Document Number P09200

The Amendment to the Application of a Foreign Corporation for RESURGENS COMMUNICATIONS GROUP, INC. which changed its name to LDDS COMMUNICATIONS, INC., a Georgia corporation authorized to transact business in Florida, was filed on February 22, 1994.

Should you have any questions regarding this matter, please telephone (904) 487-6050, the Amendment Filing Section.

Tawana McClellan  
Corporate Specialist  
Division of Corporation

Letter Number: 994A00009381



APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (s. 607.1504, F.S.)

FILED IN STATE SECRETARY OF REVENUE DIVISION FEB 22 PM 1:57

SECTION I (1-3 must be completed)

- 1. Resurgens Communications Group, Inc. Name of corporation, as it appears on the records of the Department of State.
2. Incorporated under laws of: Georgia
3. Date authorized to do business in Florida: February 21, 1986

SECTION II (4-7 complete only the applicable changes)

- 4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? September 15, 1993
5. Name of corporation after the amendment, adding suffix 'corporation,' 'company,' 'incorporated,' or appropriate abbreviation, if not contained in new name of the corporation: LDDS Communications, Inc.
6. If the amendment changes the period of duration, indicate new period of duration. N/A
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. N/A

Signature: Charles Cannada
Typed or printed name

Date: 2/3/94
Title: CFO

Secretary of State  
Business Services and Regulation

Suite 315, West Tower

2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

PRENTICE HALL L&F SERVICES  
ATTN: ELLEN MELNICK  
66 LUCKIE STREET/STE. 604  
ATLANTA, GA 30303

DOCKET NUMBER  
PRINT DATE  
FORM NUMBER

: 940270539  
: 02/01/94  
: 218

CERTIFICATE OF FACT

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that:

"LDDS COMMUNICATIONS, INC.", a Tennessee corporation, merged into "RESURGENS COMMUNICATIONS GROUP, INC.", a Georgia corporation, on September 15, 1993. "RESURGENS COMMUNICATIONS GROUP, INC." then changed its name to "LDDS COMMUNICATIONS, INC.", also effective on September 15, 1993.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.



*Max Cleland*  
MAX CLELAND  
SECRETARY OF STATE

*Verley J. Spivey*  
VERLEY J. SPIVEY  
DEPUTY SECRETARY OF STATE

- CURITIES 56-2894
- CEMETERIES 656-3079
- CORPORATIONS 656-2817
- CORPORATIONS HOT-LINE 404-656-2222  
Outside Metro-Atlanta

FILE COPY

LAW OFFICES  
MESSER, CAPARELLO, MADSEN, GOLDMAN & METZ  
A PROFESSIONAL ASSOCIATION

215 SOUTH MONROE STREET, SUITE 701  
POST OFFICE BOX 1876  
TALLAHASSEE, FLORIDA 32302-1876  
TELEPHONE (904) 222-0720  
TELECOPIERS (904) 224-4359, (904) 425-1942

961290-TC

October 28, 1996

Ms. Blanca Bayo, Director  
Division of Records and Reporting  
Room 110, Easley Building  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850

**BY HAND DELIVERY**

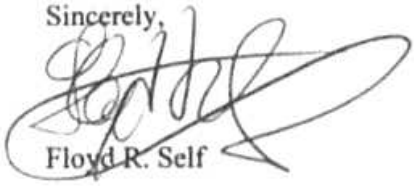
Dear Ms. Bayo:

Enclosed are an original and fifteen copies of LDDS WorldCom's Florida Pay Telephone Certificate Application and LDDS WorldCom's Petition for Waivers. Also enclosed is check in the amount of \$100.00 to cover the cost of the application and a 3 1/2" diskette with the Petition for Waivers on it in WordPerfect 6.0/6.1 format.

Please indicate receipt of this document by stamping the enclosed extra copy of this letter.

Thank you for your assistance in this matter.

Sincerely,



Floyd R. Self

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- AFIP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMR \_\_\_\_\_
- CTE \_\_\_\_\_
- E- \_\_\_\_\_
- LE \_\_\_\_\_
- LP \_\_\_\_\_
- OP \_\_\_\_\_
- RCR \_\_\_\_\_
- SEC \_\_\_\_\_
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

FRS/amb  
Enclosures  
cc: Mr. Brian Sulmonetti

Check received with filing and  
fiscal for deposit  
A.G.

DOCUMENT NUMBER-DATE  
11443 OCT 28 96  
FPSC-RECORDS/REPORTING