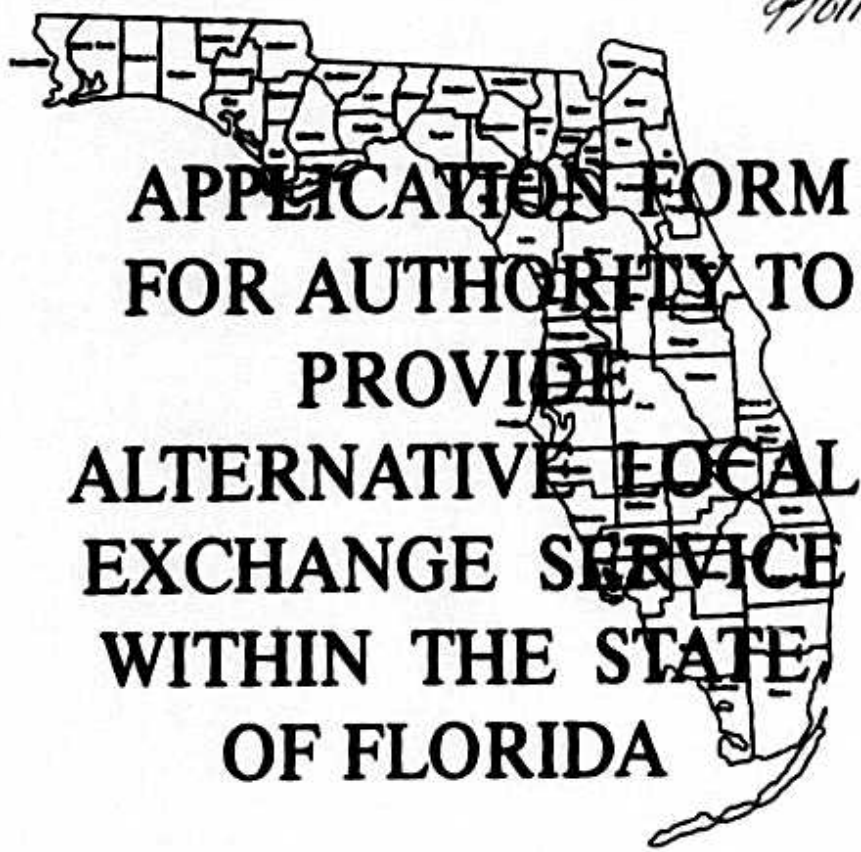


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APPLICATION FORM
FOR AUTHORITY TO
PROVIDE
ALTERNATIVE LOCAL
EXCHANGE SERVICE
WITHIN THE STATE
OF FLORIDA

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REGISTRATION
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- LEF _____
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- RFM _____
- SF _____
- WAF _____
- OTH _____

DOCUMENT NUMBER-DATE

00061 1997

**FLORIDA PUBLIC SERVICE COMMISSION
CAPITAL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0860**

**APPLICATION FORM
for**

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

INSTRUCTIONS

Tom Williams

1. This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing alternative local exchange certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
2. Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
3. Use a separate sheet for each answer which will not fit the allotted space.
4. If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Communications, Certification & Compliance Section
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0866
(904) 413-6600**

5. Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250 made payable to the Florida Public Service Commission at the above address.
-

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

(x) Original authority (new company)

() Approval of transfer (to another certificated company)

Example, a certificated company purchases an existing company and desires to retain the original certificate authority.

() Approval of assignment of existing certificate (to a noncertificated company)

Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

() Approval for transfer of control (to another certificated company)

Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant: COMUSA, INC.

3. A. National mailing address including street name, number, post office box, city, state, zip code, and phone number.

Post Office Box 72
Ormond Beach, FL 32175-0072
(904) 672-1027

B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

Post Office Box 72
Ormond Beach, FL 32175-0072
(904) 672-1027

C. Physical address of alternative local exchange service in Florida including street name, number, post office box, city, zip code and phone number.

260 North Nova Road, Post Office Box 72, Ormond Beach, FL 32174
(904) 672-1027

4. Structure of organization:

() Individual
() Foreign Corporation
() General Partnership
() Joint Venture

(x) Corporation
() Foreign Partnership
() Limited Partnership
() Other, Please explain _____

5. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: P96000103295

6. Name under which the applicant will do business (d/b/a):

COMUSA

7. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: n/a

8. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity.

n/a

9. State whether any of the officers, directors, or any of the ten largest stockholders have previously been 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.

n/a

10. Please provide the name, title, address, telephone number, internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

Mary Margaret Hamilton, President (713) 861-9651
Post Office Box 72, Ormond Beach, FL 32175

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

Applying in:
Louisiana, South Carolina and North Carolina

12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.
n/a
13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty.
n/a
14. Please indicate how a customer can file a service complaint with your company. By either calling (904) 672-1027 or by mailing such complaint to our offices.
15. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida. See attached.

A. Financial capability.

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements for the most recent 3 years, including:

1. the balance sheet
2. income statement
3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

1. Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.
3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

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.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should attest that the financial statements are true and correct.

B. Managerial capability.

C. Technical capability.

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, "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, punishable as provided in s. 775.082 and s. 775.083".

Official: Mary Margaret Hamilton
Signature
Mary Margaret Hamilton

1/21/97
Date

(904) 672-1027
(713) 861-9651

Title: President of
COMUSA, INC.

Telephone Number

Address: PO Box 72
Ormond Beach, FL 32175-0072

- A. This is a new corporation and none of the documents are available, however we have included a pro-forma. All monies necessary for the successful operation of this business will be loaned to the Corporation by its shareholders and directors. It is estimated that \$5,000.00 will be needed initially for set up and advertising and those funds are readily available from the corporation's shareholders. If more funds are necessary, a credit line of up to \$25,000.00 has been arranged through Halifax Realty and Mortgage, a company owned by shareholder Dolphin Davis Hamilton, III.

This company was formed December 26, 1996, by Mary Margaret Hamilton, Virginia Grace Hamilton and Dolphin Davis Hamilton, III, to provide for resale of local exchange service to credit risk customers. This service requires no outlay of funds for equipment and no large expenditure for support equipment.

The company contracts with the local exchange provider to establish and terminate line service and to install the various service options selected by the customer. The company contracts with agent to provide store locations to enable customers to subscribe to the company's services and also to act as a pay station for future billings. The company believes that it is sufficient financial strength and technical expertise to meet the Commission's requirements for certification.

- B. Mary Margaret Hamilton is a licensed attorney in several states including Florida and worked for many years as manager of government relations for a licensed public utility and as such has the necessary knowledge and expertise for this business.

Dolphin Davis Hamilton, III, is graduated from Florida State University with a bachelor's degree in business management and has worked for many years in various management positions as well as being a licensed Real Estate Broker and Mortgage Broker and therefore has the managerial and financial background needed.

Virginia Grace Hamilton is active in sales and has worked in both commercial and retail sale for a number of years and brings a high degree of marketing and sales experience to the company.

Mr. Hamilton will manage the day to day operations of the company and ensure customer satisfaction. Ms. Mary Margaret Hamilton will act as liaison between all state, local and federal government regulatory agencies, and Ms. Virginia Grace Hamilton will head up the sales force necessary for a successful operation.

- C. The company believes it has sufficient technical capabilities to fulfill the needs of its customers and will train the employees in all aspects of establishing residential dial tone service. The technical ability of the company is reinforced by the Local Exchange Carrier as the company operates solely as a reseller. Each of the Local Exchange Carriers have teams of technical support staff assigned to deal with the company and its needs.

PRO FORMA OPERATING STATEMENT FOR COMUSA, INC.
FOR THE CALENDAR YEAR 1997

Income

1000 accounts at \$49.99 per account \$599,880.00

Expenses

1000 accounts at \$20.00 to Bell South	\$240,000.00
Rent: 12 months @ \$250.00	\$ 3,000.00
Telephone: 12 months @ \$100.00	\$ 1,200.00
Electric: 12 months @ \$100.00	\$ 1,200.00
Advertising	\$ 10,000.00
Travel and automobile expenses	\$ 2,500.00
Office Equipemnt Lease: \$12 months @ \$100.00	\$ 1,200.00
Wages	\$ 50,000.00
Payroll taxes	<u>\$ 5,000.00</u>
TOTAL EXPENSES	\$314,100.00
 Net Profit	 \$285,780.00



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 26, 1996

ROBERT E. KRAMER
555 W. GRANADA BLVD., STE. A-9
ORMOND BEACH, FL 32174

The Articles of Incorporation for COMUSA, INC. were filed on December 26, 1996 and assigned document number P96000103295. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Sandy Ng, Document Specialist
New Filings Section

Letter Number: 996A00057184

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of COMUSA, INC., a Florida corporation, filed on December 26, 1996, as shown by the records of this office.

The document number of this corporation is P96000103295.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Twenty-sixth day of December, 1996



CR2EO22 (2-95)

Sandra B. Northam
Secretary of State

**ARTICLES OF INCORPORATION OF
COMUSA, INC.**

The undersigned subscriber to these Articles of Incorporation, each a natural person, competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name of the corporation is COMUSA, INC.

ARTICLE II - NATURE OF BUSINESS

The corporation may engage in any activity or business permitted by the laws of the United States of America and by the State of Florida.

ARTICLE III - CAPITAL STOCK

The maximum number of shares that this corporation is authorized to have outstanding at any time is sixty (60) share of no par value common stock.

ARTICLE IV - TERMS OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V - ADDRESS AND REGISTERED AGENT

The initial principal address of this corporation shall be 5 Golden Oak Lane, Ormond Beach, FL 32174, and the initial registered agent shall be Robert E. Kramer, Esquire, 555 West Granada Boulevard, Suite A-9, Ormond Beach, FL 32174.

ARTICLE VI - DIRECTION AND MANAGEMENT

The business of this corporation shall be managed by the stockholders of the Corporation rather than a Board of Directors.

ARTICLE VII - OFFICERS

The initial officers of this corporation are to serve until the first election under these Articles of Incorporation. Their names and residences are as follows:

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
President	Mary Margaret Hamilton	PO Box 72 Ormond Beach, FL 32175

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TALLAHASSEE, FLORIDA

ARTICLE IX - SUBSCRIBERS

The name and street address of the subscriber to these Articles of Incorporation is as follows:

Mary Margaret Hamilton
PO Box 72
Ormond Beach, FL 32175

ARTICLE X - AMENDMENT

These Articles of Incorporation may be amended by matter provided by Law.

Mary Margaret Hamilton
MARY MARGARET HAMILTON

STATE OF Florida
COUNTY OF Volusia

The foregoing instrument was acknowledged before me this 12 day of December, 1996, by MARY MARGARET HAMILTON, who is personally known to me and who did take an oath.

Robert E. Kramer
NOTARY PUBLIC



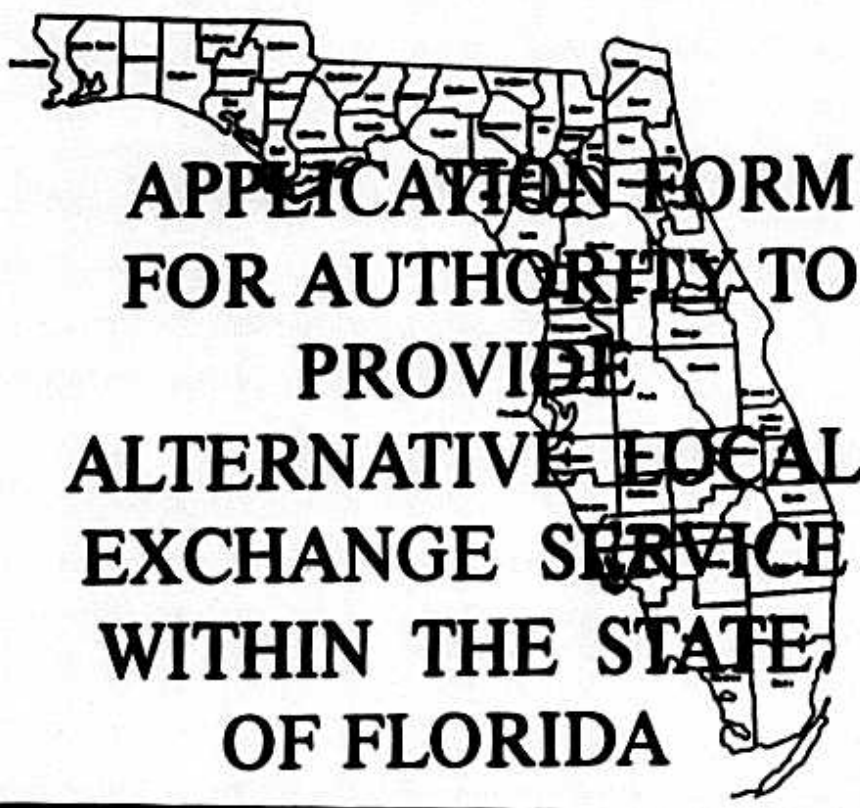
ACCEPTANCE OR DESIGNATION OF REGISTERED AGENT

The undersigned does hereby accept the above designation as Registered Agent for the Corporation, COMUSA, INC.

Robert E. Kramer
ROBERT E. KRAMER

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TALLAHASSEE, FLORIDA

DEPOSIT TREAS. REC. DATE
D446 444444 JUN 24 '97



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RECEIVED
JUN 24 12 11 PM '97
FLORIDA PUBLIC SERVICE
ADMINISTRATION

ROBERT E. KRAMER
ATTORNEY AT LAW
555 W. GRANADA BLVD SUITE A-8
ORMOND BEACH, FL 32174
(804) 672-4313

SOUTHTRUST BANK
ORMOND-0-T-S, FL

1796

1/22/1997

PAY TO THE
ORDER OF

Florida Public Services Commission

\$**250.00

Two Hundred Fifty and 00/100*****

DOLLARS

MEMO

DDH,III/COM/ISA TMC

Robert E. Kramer
AUTHORIZED SIGNATURE