

**** 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
(904) 413-6600

- 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

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:

BITSTREAM COMMUNICATIONS INC.

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

BITSTREAM COMMUNICATIONS INC.

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

*1313 N MARKET ST.
WILMINGTON, DELAWARE 19801-1511*

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

*12708 SHARLINE DRIVE, SUITE "D"
WELLINGTON, FLORIDA 33414*

6. Structure of organization;

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

7. If applicant is an individual or partnership, please give name, title and address of sole proprietor or partners.

- (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: _____

- (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.

(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: _____

- (b) Name and address of the company's Florida registered agent. *CHARLES J BALDWIN
12708 SHORELINE DRIVE, SUITE D
WEST PALM BEACH, FL. 33414*

- (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.

(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.

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; *CHARLES J. BALDWIN, PRES
12708 SHORELINE DRIVE
WEST PALM BEACH, FL. 33414*
- (b) Official Point of Contact for the ongoing operations of the company;
SEE A.
- (c) Complaints / Inquire from customers
SEE A.

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.
NONE
- (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)

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

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

USING CLEAN COPPER ADSL INTERFACE

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?

YES

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

BILLS WILL BE INTERNALLY GENERATED

**** APPENDIX A ****

CERTIFICATE TRANSFER STATEMENT

I, (TYPED NAME) _____,
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:

Charles J. Ballin
Signature

8/27/97
Date

BitStream Communications, Inc.
President
Title

561-792-3924
Telephone No.

**** APPENDIX C ****

SERVICE AREA NETWORK

1. **SERVICE AREA:** Please provide the list of exchanges where you are proposing to provide private line and/or special access service within thirty (30) days after the effective date of the certificate.

Incremental growth starting with Palm Beach County.

2. **CURRENT FLORIDA INTRASTATE SERVICES:** Applicant has () or has not () 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?

UTILITY OFFICIAL:

Charles Baldwin
Signature

8/27/97
Date

BitStream Communications, Inc.
President
Title

561-792-3924
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:

Charles J. Baldwin
Signature

8/27/97
Date

BitStream Communications, Inc.
President
Title

561-792-3924
Telephone No.

ATTACHMENTS:

- A - CERTIFICATE TRANSFER STATEMENT
 - B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
 - C - SERVICE AREA NETWORK
- FORM PSC/CMU 43 (1/95) -9-

971146-TA

DEPOSIT DATE
D604 ^{MB} AUG 29 1997

APPLICATION FORM
FOR AUTHORITY TO
PROVIDE
ALTERNATIVE ACCESS
VENDOR SERVICE
WITHIN THE STATE OF
FLORIDA



No. 077738

AUG 28 1997
NOT VALID 90 DAYS AFTER ISSUE DATE

PAY TWO HUNDRED FIFTY AND 00/100

*****250.00 07-8738 2670

K. Lewis
ISSUED

TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION

CASHIERS' CHECK

RE: C. BALDWIN / BitStream Communications

DOCUMENT NUMBER-DATE

W/D from ACCT# 0000844937

08787 AUG 29 97

REMITTER

AUTHORIZED SIGNATURE

SC-RECORDS/REPORTING