

DEPOSIT

DATE

D820

JUL 29 1998

ORIGINAL

ATTACHMENT B

980959-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

- 1. LEGAL NAME OF THE APPLICANT Payphone Advertising Media, Inc.
- 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Payphone Advertising Media, Inc.
- 3. ADDRESS OF THE APPLICANT(S)
 STREET 1620 Medical Ln. Ste 148
 CITY Ft. Myers
 STATE & ZIP CODE FL 33907

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: N/A

ADDRESS N/A

RECEIVED
98 JUL 29 PM 12:05
ATTENTION

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

D. DOING BUSINESS UNDER A FICTITIOUS NAME: ()

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

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

NAME: Lawrence P. O'Reilly

TITLE: President

PHONE: 941-939-5400

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 CANCELED 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.

None

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NO

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NO

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.

NO

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

NO

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

- | | |
|-----------------|-------------------------------------|
| LOCAL | <input checked="" type="checkbox"/> |
| LONG DISTANCE | <input checked="" type="checkbox"/> |
| COIN | <input checked="" type="checkbox"/> |
| CALLING CARD | <input checked="" type="checkbox"/> |
| CREDIT CARD | <input checked="" type="checkbox"/> |
| OTHER, DESCRIBE | <input type="checkbox"/> _____ |
-

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

100

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

- | | |
|-------------------------------------|-------------------------------------|
| PERSONALLY | <input type="checkbox"/> |
| FULL-TIME TECHNICIAN | <input checked="" type="checkbox"/> |
| PART-TIME TECHNICIAN | <input type="checkbox"/> |
| SERVICE/REPAIR/MAINTENANCE CONTRACT | <input type="checkbox"/> |
| OTHER DESCRIBE | <input type="checkbox"/> |
-
-
-

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

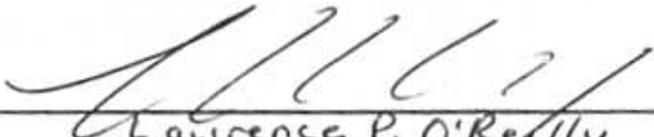
Yes

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)

Yes

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.



Lawrence P. O'Reilly, President.
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

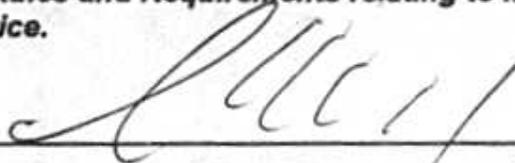
DATE: 7-27-98

APPLICANT ACKNOWLEDGMENT

Applicant Payphone Advertising Media, Inc.

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: _____

Lawrence P. O'Reilly, President

Date: _____

7.27.98

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.

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of PAYPHONE ADVERTISING MEDIA, INC., a corporation organized under the laws of the State of Florida, filed on April 29, 1997, as shown by the records of this office.

The document number of this corporation is P97000038706.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-third day of July, 1998



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT _____

Payphone Advertising Media, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

Payphone Advertising Media, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 1620 Medical Ln. Ste 148

CITY Ft. Myers

STATE & ZIP CODE FL 33907

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 in another state, attach proof of Florida authority to operate in Florida as an Agent.

RECEIVED
50 JUL 29 1998

PAYPHONE ADVERTISING MEDIA, INC.
P.O. BOX 07478 PH 941-481-9700
FORT MYERS, FL 33919

DATE 7-27-98

562

Florida Public Service Commission \$ 100.00

One hundred and no/100 DOLLARS

FIRST NATIONAL BANK OF FLORIDA
MEMBER FDIC

Payphone license app

Allen M. O'Reilly

DOCUMENT NUMBER-DATE
07983 JUL 29 98
FPSC-RECORDS/REPORTING

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of PAYPHONE ADVERTISING MEDIA, INC., a corporation organized under the laws of the State of Florida, filed on April 29, 1997, as shown by the records of this office.

The document number of this corporation is P97000038706.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-third day of July, 1998



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

FedEx USA AirbillFedEx
Tracking
Number

803739412715

152

0210

SDR 11

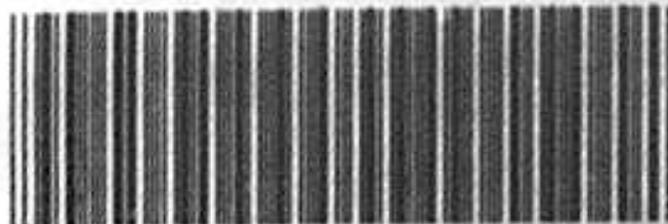
Recipient's Copy

1 From [Redacted]Date 7-27-98Sender's Name Bay Pharma Adv. Media, Inc Phone (941) 481-9700Company SYNDICATED CAPITAL CORPAddress 1620 MEDICAL LN STE 14B

Dept./Floor/Subs/Room

City FORT MYERS State FL ZIP 33919**2 Your Internal Billing Reference Information****3 To**Recipient's Name [Redacted] Phone (750) 413-10600Company Florida Wholesale CommunicationsAddress 7440 Shumard Oaks Blvd. Check here
if residence
(This charge applies
to FedEx Express Street)

Dept./Floor/Subs/Room

City Tallahassee State FL ZIP 32399-0866**For HOLD at FedEx Location check here** Hold Weekday Hold Saturday(Not available at all locations)(Not available with
FedEx First Overnight)(Not available with
FedEx Priority Overnight
and FedEx 2Day® only)**For Saturday Delivery check here** Saver Charge(Not available at all locations
available for FedEx Priority Overnight
and FedEx 2Day only)

803739412715

4 Express Package Service Packages under 150 lbsDelivery commitment
to ship in some areas FedEx Priority Overnight FedEx Standard Overnight FedEx First Overnight(Available with Business Morning delivery to select locations. Higher rates apply.) FedEx 2Day FedEx Express Saver(Standard business day)(Third business day)FedEx Letter Mail not available. Minimum charge One pound rate.**5 Express Freight Service Packages over 150 lbs**Delivery commitment
to ship in some areas FedEx Overnight Freight FedEx 2Day Freight FedEx Express Saver Freight(Next business day)(Standard business day)(3 to 5 business days)(Call for delivery schedule. See back for detailed descriptions of freight services.)**6 Packaging** FedEx Letter FedEx Pak FedEx Box FedEx Tube Other Pkg**7 Special Handling**(One fee must be checked)Does this shipment contain dangerous goods? No Yes(See back for
Special Handling
charges) Yes (Special Handling
charges apply) Dry Ice CA Cargo Aircraft Only(Dry Ice, 6.00 per unit)(Temperature Specific cannot be shipped in FedEx packaging)**8 Payment**(Pay on Receipt
FedEx Account No.)Bill to: Sender Recipient Third Party Credit Card Cash/Check(Sender's bill to be used)(Enter FedEx account no. or Credit Card no. below)Total Packages 1 Total Weight 1.00 Total Declared Value* \$ 00 Total Charges \$

*When declaring a value higher than \$500 per shipment, you pay an additional charge. See SERVICE CHARGES, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information.

Credit Card A

9 Release SignatureYour signature authorizes Federal Express to deliver this shipment without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any resulting claims.Questions?
Call 1-800-Go-FedEx (800)463-3339

320

MCS 1297
Rev. 2/96 14/97
Part #12187
©1998 FedEx
PRINTED IN U.S.A.

004610430 B