

981398-TC

DEPOSIT

DATE

D024

OCT 26 1998

98 OCT 26 AM 9 48
MAIL ROOM

1. Name of company;

d/b/a KEYSTONE CALLING CARDS

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

SCOTT SODERHOLM

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

466 NW 17TH COURT
HOMESTEAD, FL 33030

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

466 N.W. 17TH COURT
HOMESTEAD, FL 33030

5. Structure of organization;

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

6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: _____

7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: APPLIED FOR - ENCLOSED

8. FEID Number (if applicable): _____

9. If individual, provide;

Name : TON SCOTT SODERHOLM
Title : _____
Address: 466 NW 17TH COURT
City/State/Zip: HOMESTEAD, FL 33030
Telephone No.: 305-247-1787 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

10. If applicant is a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

a. Name : _____
Title : _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Name : _____
Title : _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name : JON SCOTT SODERHOLM

Title : _____

Address: 466 NW 17th COURT

City/State/Zip: HOMESTEAD, FL 33030

Telephone No.: 305 247-1787 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Official Point of Contact for the ongoing operations of the company:

Name : _____

Title : SAME AS ABOVE

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name : _____

Title : SAME AS ABOVE

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously 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, provide explanation.

NO

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

15. List the states in which the applicant:

a. is currently providing pay telephone service:

NONE

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.

NO

d. has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances:

NO

16. Please check (✓) the services that will be provided:

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe)

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 25

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe)

19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.) Yes () No

Explain: _____

20. Will each of the pay telephones to be installed 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 () 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 the 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:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

[Handwritten Signature]
Signature

10/19/98
Date

Title

305 247-1787
Telephone No.

Address: 466 NW 17TH COURT
HOMES TRAIL, FL
33030

Fax No.

ATTACHMENTS:

- A - Affidavit
- B - Applicant Acknowledgment

**** APPENDIX A ****

AFFIDAVIT

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$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 in the application within 10 days of the change.

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."

UTILITY OFFICIAL:

Signature: *[Handwritten Signature]*

Date: 10/19/98

Printed Name: JON SCOTT SONSATHOM

Title: _____

Address: 466 NW 17TH COURT

HEMESTAD FL
33030

Fax No. _____

**** APPENDIX B ****

APPLICANT ACKNOWLEDGMENT

Applicant: Jon Scott Soderholm

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

Signature: [Handwritten Signature]

Date: 10/19/98

Printed Name: J.S. SODERHOLM

Title: _____

Address: 466 NW 17TH CT Tel. No. 305 247-1787
HOMESTEAD FL Fax No. _____
33030

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.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Section 1

1. HEYSTONE CALLING CARDS
Fictitious Name to be Registered

2. 466 NW 17TH COURT
Mailing Address of Business

HOMESTEAD FL 33030

3. County of DADE

4. City of HOMESTEAD, Florida 33030
Zip Code

5. FEI Number: NA

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s) (use additional sheets if necessary):

1. SOOSEHOLM JON SCOTT
Last First M.I.
466 NW 17TH COURT
Address
HOMESTEAD FL 33030
City State Zip Code
SS# 253-82-8631

2. _____
Last First M.I.

Address

City State Zip Code
SS# _____ - _____ - _____

B. Owner(s) of Fictitious Name If Corporation(s) (use additional sheets if necessary):

1. _____
Corporate Name

Address

City State Zip Code
Corporate Document Number: _____
FEI Number: _____
 Applied for Not Applicable

2. _____
Corporate Name

Address

City State Zip Code
Corporate Document Number: _____
FEI Number: _____
 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath (At Least One Signature Required)

[Signature] 10/22/88
Signature of Owner Date
Phone Number: 305 247-1787

[Signature] 10/22/88
Signature of Owner Date
Phone Number: 305 710-4758

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date

Signature of Owner Date

Certificate of Status — \$10

Certified Copy — \$30

FILING FEE: \$50

MIAMI DAILY BUSINESS REVIEW

Published Daily except Saturday, Sunday and
Legal Holidays
Miami, Dade County, Florida.

STATE OF FLORIDA
COUNTY OF DADE:

Before the undersigned authority personally appeared Sookie Williams, who on oath says that she is the Vice President of Legal Advertising of the Miami Daily Business Review t/k/a Miami Review, a daily (except Saturday, Sunday and Legal Holidays) newspaper, published at Miami in Dade County, Florida; that the attached copy of advertisement, being a Legal Advertisement of Notice in the matter of

NOTICE UNDER FICTITIOUS NAME LAW

KEYSTONE CALLING CARDS

In the XXXXX Court,
was published in said newspaper in the issues of
Oct 19, 1998

Affiant further says that the said Miami Daily Business Review is a newspaper published at Miami in said Dade County, Florida, and that the said newspaper has heretofore been continuously published in said Dade County, Florida, each day (except Saturday, Sunday and Legal Holidays) and has been entered as second class mail matter at the post office in Miami in said Dade County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

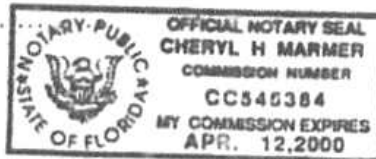
Sookie Williams

Sworn to and subscribed before me this
19 October 98
day of A.D. 19

Cheryl H. Marmor

(SEAL)

Sookie Williams personally known to me.



NOTICE UNDER FICTITIOUS NAME LAW
NOTICE IS HEREBY GIVEN that the undersigned, desiring to engage in business under the fictitious name of **KEYSTONE CALLING CARDS**, located at 488 NW 17th Court in the City of Homestead, Dade County, Florida 33030, intends to register the said name with the Division of Corporations of the Department of State, Tallahassee, Florida.
Dated at Miami, Florida, this 14 day of October, 1998.
J. SCOTT SODERHOLM
10/19 98-2-101918M

981398-TC

DEPOSIT DATE
D024 OCT 26 1998

1. Name of company;
d/b/a KEYSTONE CALLING CARDS

2. Name under which applicant will do business (fictitious name, etc.):
SCOTT SODERHOLM

98 OCT 26 AM 9 48
MAIL ROOM

3. Official mailing address (including street name & number, post office box, city, state, and zip code).
466 NW 17TH COURT
HOMESTEAD, FL 33030

4. Florida address (including street name & number, post office box, city, state, and zip code):
466 N.W. 17TH COURT
HOMESTEAD, FL 33030

5. Structure of organization;
 Individual () Corporation
() General Partnership () Limited Partnership
() Other, _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
(a) Florida Secretary of State Corporate registration number: _____

MARY L. SODERHOLM 9-94 63-7782/2870 2856
 JON SCOTT SODERHOLM
 466 N.W. 17TH CT. (305) 247-1787
 HOMESTEAD, FL 33030

10/23 1998

Pay to the Order of FLORIDA PROCESS SERVICES COMPANY \$ 100.00
ONE HUNDRED DOLLARS & 00/100 Dollars

DADE COUNTY SCHOOL EMPLOYEES, F.C.U.
 7800 S.W. 117TH AVENUE
 MIAMI, FLORIDA 33183

For APP. [Signature]

proof of
atute (Chapter
tration
ENCLOSURE

DOCUMENT NUMBER DATE

11914 OCT 26 98