Omega One Telecommunications, Inc.

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5447 Center Street PO Box 572 Jupiter, FL 33458

Phone 561-575-0298 Fax 561-575-1586

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March 25, 1999

CENVE

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CMU

990312-TC

Ms. Toni McCoy
Florida Public service commission
Betty Easley Bldg.
c/o Records and reporting
2540 Shumard Oak Blvd.
Capital Circle Center
Tallahassee, FL 32399

RE: Dockett 990312-TC

Enclosed is the new application I have completed. Omega One has paid the \$100 fee when we sent in our first application. Please contact me directly if you have any questions on this matter.

Sincerely,

ACK ___Terry Phillips

AFA ____

APP _____

CMU ____

CTR ____

EAG ____

LEG _

OPC ___

RCH ____

SEC ____

OTH ____

DOCUMENT NUMBER-DATE

FPSC-RECORDS/REPORTING



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 25, 1999

COONEY, WARD, LESHER & DAMON, P.A. ATTN: SHEILLA F. FERREIRA 4420 BEACON CIRLCE, SUITE 100 WEST PALM BEACH, FL 33407

Qualification documents for JEDI, 1NC. doing business in Florida as OMEGA ONE TELECOMMUNICATIONS, INC. were filed on February 25, 1999 and assigned document number F99000001076. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 487-6091, the Foreign Qualification/Tax Lien Section.

Agnes Lunt
Document Specialist
Division of Corporations

Latter Number: 099A00008801

Name under which applicant will o	do busine	ss (fictitious	name, etc.):
Omega. One I	elecon	munice	ations
Official mailing address:	100000		
street: 5447 Center	St		
P.O. Box: 572			to provide
city: Jupiter			
City: OOTTO		Zint	33450
State: H			
Florida address:			
Street:			
P.O. Box:	1	40	Nav.
City:	41 14		
State:		Zlp:	
	91.		
Structure of organization:			
() Individual			
(Corporation			
() General Partnership	12		
() Limited Partnership		1	
() Other:			
			to operate in Florid

7.	with	with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:			
		Registration Number: F99 00000 1076			
8.	F.E.I.	Number (if applicable): (5-0001214			
9.	If inc	fividual, provide:			
	Nam	o:			
	Title:				
	Addr	ess:			
		State/Zip:			
	Telep	phone No.:Fax No.:			
	Inter	net E-Mail Address:			
	Inter	net Website Address:			
10.	If par	tnership, provide name, title and address of all partners and a copy of the ership agreement:			
	a.	Name:			
		Title:			
		Address:			
		City/State/Zip:			
		Telephone No.:Fax No.:			
		Internet E-Mail Address:			
		Internet Website Address:			

0.	Partr	nership (continued)
	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: Temy Phillips
		Title: Sec 1 Treas
		Address: 5447 Center St
		City/State/Zip: Jupiter, F1 33458
		Telephone No.: 501- 575-0298 Fax No.: 501-575 18 1586
		Internet E-Mail Address: greg. dupilka egte. net
		Internet Website Address:
	b.	Official Point of Contact for ongoing company operations including complaints and inquiries:
		Name: 1emy Phillips
		Title: Sec 1 Treas
		Address: 5447 Center St
		City/State/Zip: Jupiter, F1 33458
		Telephone No.: 561-575-0298 Fax No.: 561 575-1586
		Internet E-Mall Address: greg · dupi Ka e gle nel
		Internet Website Address:

12.	Indicate if applicant or any subsidiary, partner, officers, directors, 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:				
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.				
	yes. 1616 Rex Tele communications. Inc,				
	Sold coparation effective 0910:198.				
14.	Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or 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				
	·				

5.	List of	her states in which the app	plicant:	
	a.	Is currently providing pay	telephone s	service.
		none		
			1935	
	b.	Has applications pending	to be certifi	ed as a pay telephone provider
		none		
	c.	Has been denied authority circumstances.		as a pay telephone provider. Explain
		none		
			a 6	
	d.	Has had regulatory penalti statutes, rules, or orders.	ies imposed Explain ci	for violations of telecommunications reumstances.
		none		
			7.4	
			201 27	1.60
16.	Pleas	se check (/) the services t	hat will be p	provided:
		(Y) LOCAL (Y) LONG DISTANCE (Y) COIN		
		(V) CALLING CARD		
		(/) CREDIT CARD () OTHER (Describe) _	T.	
			1 (d ₁) (p.	

17.	Proposed number of pay telephone instruments the applicant plans to install/operate in the first year:
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 installed pay telephones provide access to all locally available
	long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code (Yes () No Explain:
20.	Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.
	Yes No Explain:

APPLICANT FEE/TAX STATEMENT

- REGULATORY ASSESSMENT FEE: I understand that all telephone companies
 must pay a regulatory assessment fee in the amount of 0.15 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.
- 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.
- SALES TAX: I understand the a seven percent sales tax must be paid on intraand interstate revenues.
- APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the applic ation.

100 00

OTILITY OFFICIAL.	
Terry Prullips	TW
Print Name	Signature
Sec Meas	365199
Title	Date
561-575-0298	561-575-1586
Telephone No.	Fax No.
Address:	
*	

LITH ITY OFFICIAL .

APPLICANT ACKNOWLEDGMENT

Applicant: Omigo	One relecommunications
	The state of the s
i acknowledge re- Commission's Rules and Service.	ceipt and understanding of the Florida Public Service Requirements relating to my provision of Pay Telephone
Terry Phillips Print Name	Signature
Sec Treus	3/25/99
Title /	Date
561-575-0298	561-575-1586
Telephone No.	Fax No.
Address:54	147 Center St
Ju	otter 19 33458
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THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.