



210 N. Park Ave.
Winter Park, FL
32789

P.O. Drawer 200
Winter Park, FL
32790-0200

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

January 13, 2000
Overnight

Ms. Brenda H. Hawkins
Regulatory Analyst
Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0870

RECEIVED

JAN 14 2000

CMU

RE: Initial Application for Certificate to Provide Pay Telephone Services within the State of Florida.
**Paramount International Telecommunications, Inc. d/b/a R Network
No. 991903-TC**

Dear Ms. Hawkins:

Enclosed for filing are the original and six (6) copies of the above-referenced replacement application of Paramount International Telecommunications, Inc. d/b/a R Network. This application replaces the outdated document that was previously sent to the Commission on December 13, 1999, along with a \$100.00 check to cover the filing fee.

Please acknowledge receipt of this filing by returning, filed stamped, the extra copy of this letter in the self-addressed stamped envelope.

I may be reached at (407) 740-8575 with any questions, comments or correspondence regarding this application. Thank you for your assistance.

Sincerely,

Monique Bynes
Consultant to
Paramount International Telecommunications, Inc. d/b/a R Network

MB/bet

cc: Dave Paton - Paramount
file: Paramount - FL
tms: flp9901

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- SEC _____
- VAW _____
- STH _____

DOCUMENT NUMBER-DATE

00084 JAN 20 00

FREC-RECORDS/REPORTING

FLORIDA PUBLIC SERVICE COMMISSION

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

INSTRUCTIONS

- This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- **Print or type** all responses to each item requested in the application. If an item is non applicable, please explain.
- Use a separate sheet for each answer which will not fit within the allotted space.
- Once completed, submit the original and two (2) copies of this form and a non-refundable **application fee of \$100.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications
Bureau of Service Education
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

1. Name of company or name of individual (not fictitious name or d/b/a):

Paramount International Telecommunications, Inc.

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

R Network

3. Official mailing address:

Street: 2540 Fortune Way
City: Vista
State & Zip California 92083

4. Florida Address:

Street:
City:
State & Zip

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other:

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

Florida Secretary of State Corporate Registration Number: F98000004642
See Attachment I

7. **If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:**

Florida Fictitious Name Registration Number: G99326900043

8. **F.E.I. Number (if applicable):** 330744597

9. **If individual, provide:**

Name:

Title:

Address:

City, State, Zip:

Phone:

Fax:

Internet E-Mail:

Internet Website:

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

a. Name:

Title:

Address:

City, State, Zip:

Phone:

Fax:

Internet E-Mail:

Internet Website:

b. Name:

Title:

Address:

City, State, Zip:

Phone:

Fax:

Internet E-Mail:

Internet Website:

11. Who will serve as liaison to the commission with regard to the following:

a. The application:

Name: Frank R. Lewis
Title: Director of Technical Services
Address: 2540 Fortune Way
City, State, Zip: Vista, California 92083
Phone: (760)599-1920 Fax: (760)599-1930
Internet E-Mail:
Internet Website:

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Leigh Altieri
Title: Customer Manager
Address: 2540 Fortune Way
City, State, Zip: Vista, California 92083
Phone: (760)599-1920 Fax: (760)599-1930
Internet E-Mail:
Internet Website:

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:

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, 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

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

Paramount International Telecommunications, Inc. d/b/a R Network is currently certified in Tennessee and Indiana and is undergoing a nationwide certification process.

b. Has applications pending to be certified as a pay telephone provider.

Yes

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 | <input checked="" type="checkbox"/> |
| Long Distance | <input checked="" type="checkbox"/> |
| Coin | <input checked="" type="checkbox"/> |
| Calling Card | <input checked="" type="checkbox"/> |
| Credit Cards | <input checked="" type="checkbox"/> |
| Other, (describe) | <input type="checkbox"/> |

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

150-200

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.**

Pay telephones available to the general public will allow the user to access all locally available long distance carriers.

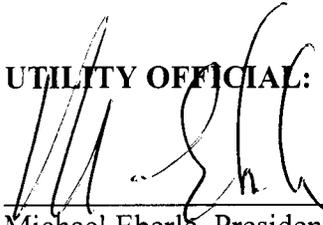
20. **Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.**

Yes

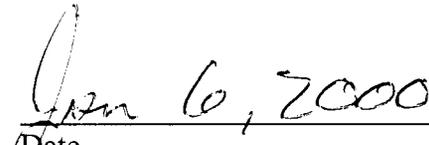
APPLICANT FEE/TAX STATEMENT

1. **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.
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:



Michael Eberle, President & CEO



Date

Phone: (760)599-1920

Fax: (760)599-1930

Address: 2540 Fortune Way
Vista, California 92083

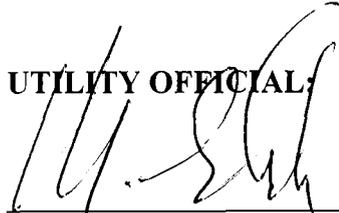
ACKNOWLEDGMENT

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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."

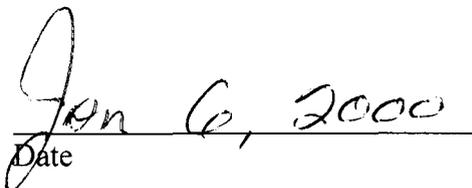
UTILITY OFFICIAL:



Michael Eberle, President & CEO

Phone: (760)599-1920

Address: 2540 Fortune Way
Vista, California 92083



Date

Fax: (760)599-1930

APPLICANT ACKNOWLEDGMENT

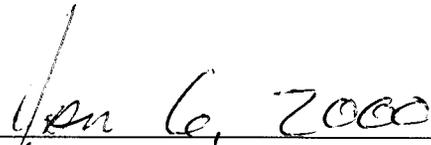
I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.



Michael Eberle, President & CEO

Phone: (760)599-1920

Address: 2540 Fortune Way
Vista, California 92083



Date
Fax: (760)599-1930

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.

Attachment I

**Paramount International Telecommunications, Inc.
d/b/a R Network**

Certificate of Authority

to transact business within the State of Florida

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Section 1 R NETWORK

1. Fictitious Name to be Registered _____

2. 1295 Bandana Blvd. N, Suite 300
 Mailing Address of Business
 St. Paul, MN 55108
 City State Zip Code

3. Florida County of principal place of business: Multiple

4. FEI Number: 33-0744597

This space for office use only

Section 2

A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):

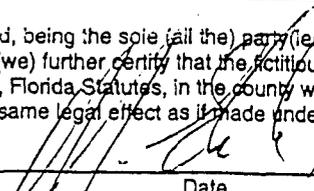
1. _____ Last First M.I. _____ Address _____ City State Zip Code SS# _____	2. _____ Last First M.I. _____ Address _____ City State Zip Code SS# _____
--	--

B. Owner(s) of Fictitious Name if other than Individuals(s): (Use attachment if necessary):

1. <u>PARAMOUNT INTERNATIONAL TELECOMMUNICATIONS, INC.</u> Entity Name <u>2540 Fortune Way</u> Address <u>Vista, CA 92083</u> City State Zip Code Florida Registration Number <u>F98000004642</u> FEI Number: <u>33-0744597</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ Entity Name _____ Address _____ City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> 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)

 _____
Date 11-9-95

Phone Number: (760) 599-1920 Phone Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR 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

Mark the applicable boxes Certificate of Status - \$10 Certified Copy - \$30
 Filing Fee: \$50

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

CR4E-001 (5/96)

TALLAHASSEE DEMOCRAT
PUBLISHED DAILY
TALLAHASSEE - LEON - FLORIDA

STATE OF FLORIDA COUNTY OF LEON:
Before the undersigned authority personally
appeared Harrison Arencibian who on oath
says that he is Legal Advertising
Representative of the Tallahassee Democrat,
a daily newspaper published at Tallahassee in
Leon County, Florida; that the attached copy
of advertising being a Legal Ad in the matter of

NOTICE OF FICTITIOUS NAME

was published in said newspaper in the issues
of:

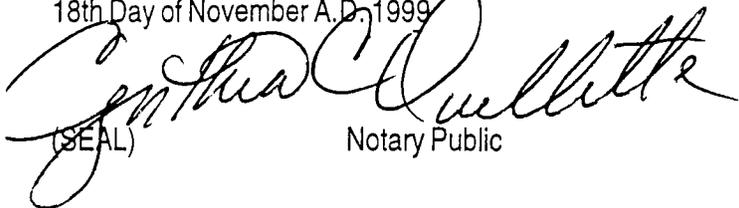
NOVEMBER 14, 1999

Affiant further says that the said Tallahassee
Democrat is a newspaper published at
Tallahassee, in the said Leon County, Florida,
and that the said newspaper has heretofore
been continuously published in said Leon
County, Florida, each day and has been
entered as second class mail matter at the
post office in Tallahassee, in said Leon
County, Florida, for a period of one year next
preceding the first publication of the attached
copy of advertisement; and affiant further says
that he has neither paid nor promised any
person, firm or corporation any discount,
rebate, commission or refund for the purpose
of securing this publication in the said
newspaper.

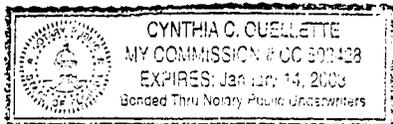


HARRISON ARENCIBIAN
LEGAL ADVERTISING REPRESENTATIVE

Sworn To And Subscribed Before Me This
18th Day of November A. D. 1999



(SEAL) Notary Public



Legal Notices

We hereby give notice
to register in
compliance with
Section 865.09 Florida
Statute.

NAME OF BUSINESS:
R Network

ADDRESS:
1295 Bandana Blvd. N.
Suite 300
St. Paul, MN 55108

OWNER:
Paramount
International
Telecommunications
2540 Fortune Way
Vista, CA 92083

NOVEMBER 14, 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 22, 1999

R NETWORK
1295 BANDANA BLVD. N. SUITE 300
ST. PAUL, MN 55108Subject: **R NETWORK**REGISTRATION NUMBER: **G99326900043**

This will acknowledge the filing of the above fictitious name registration which was registered on November 22, 1999. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/wl

Division of Corporations

Letter No. 099A00055798

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:*

1. PARAMOUNT INTERNATIONAL TELECOMMUNICATIONS, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Nevada 3. 330744597
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 18, 1996 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. Suite SUITE A, 2540 FORTUNE WAY
VISTA, CA 92083
(Current mailing address)
To engage in any act or activity for which corporations may be organized.

8. Telecommunication services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

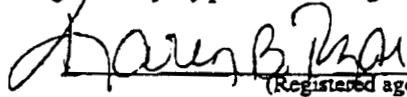
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida, 32301
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Karen B. Rozar, Asst. Sec.
Corporation Service Company
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
98 AUG 14 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA



12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

98 AUG 14 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kay Eberle
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KAY EBERLE, Secretary
(Typed or printed name and capacity of person signing application)



OFFICERS RIDER

PARAMOUNT INTERNATIONAL
TELECOMMUNICATIONS, INC.

List of Officers

Name: MICHAEL EBERLE Title: PRESIDENT
Bus. Addr.: 1815 S. PACIFIC STREET, OCEANSIDE, CA 92054

Name: DAVID PATON Title: VICE PRESIDENT
Bus. Addr.: 10002 WALDGROVE PLACE, SAN DIEGO, CA 92131

Name: KAY EBERLE Title: SEC/TREAS.
Bus. Addr.: 1815 S. PACIFIC STREET, OCEANSIDE, CA 92054

Name: DAVID MOODY Title: CHAIRMAN OF THE BOARD
Bus. Addr.: 734 PALOMINO ROAD, FALLBROOK, CA 92028

98 AUG 14 AM 10: 15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

