

LAW OFFICES
MESSER, CAPARELLO & SELF
A PROFESSIONAL ASSOCIATION

215 SOUTH MONROE STREET, SUITE 701
POST OFFICE BOX 1876
TALLAHASSEE, FLORIDA 32302-1876
TELEPHONE: (850) 222-0720
TELECOPIERS: (850) 224-4359; (850) 425-1942
INTERNET: www.lawfla.com

February 8, 2000

ORIGINAL

RECEIVED-FPSC
00 FEB -8 PM 2:53
RECORDS AND
REPORTING

BY HAND DELIVERY

Ms. Blanca Bayo, Director
Division of Records and Reporting
Room 110, Easley Building
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

000158-TX

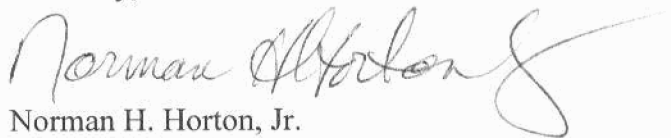
Dear Ms. Bayo:

Enclosed for filing are an original and 6 copies of an application for an ALEC Certificate for Florida Consolidated Multi-Media Services, Inc. The application fee of \$250.00 is also enclosed.


Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the same to me.

Thank you for your assistance with this filing.

Sincerely,


Norman H. Horton, Jr.

NHH/amb
Enclosure
cc: Mr. Waldemar Kissell, Jr.

Check received with filing and forwarded to Florida for deposit.
Filer to forward a copy of check to Florida with proof of deposit.
Initials of person who forwarded check:


RECEIVED & FILED


FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE
01733 FEB-88
FPSC-RECORDS/REPORTING

ORIGINAL

LAW OFFICES
MESSER, CAPARELLO & SELF
A PROFESSIONAL ASSOCIATION

215 SOUTH MONROE STREET, SUITE 701
POST OFFICE BOX 1876
TALLAHASSEE, FLORIDA 32302-1876
TELEPHONE: (850) 222-0720
TELECOPIERS: (850) 224-4359; (850) 425-1942
INTERNET: www.lawfla.com

February 8, 2000

ORIGINAL

RECEIVED FPSC
00 FEB - 8 PM 2:53
RECORDS AND REPORTING

BY HAND DELIVERY

Ms. Blanca Bayo, Director
Division of Records and Reporting
Room 110, Easley Building
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

DEPOSIT DATE
D245 FEB 09 2000

000158-TX

Dear Ms. Bayo:

Enclosed for filing are an original and 6 copies of an application for an ALEC Certificate for Florida Consolidated Multi-Media Services, Inc. The application fee of \$250.00 is also enclosed.

Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the same to me.

Thank you for your assistance with this filing.

Sincerely,

Norman Gordon

DOCUMENT NUMBER-DATE
01760 FEB-98
FPSC-RECORDS/REPORTING

- AFA
- APP
- CAF
- CMU
- CTR
- EAG
- LEG
- MAS
- OPC
- RRR
- SEC
- WAW
- OTH

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAV with proof of deposit.

Initials of person who forwarded check

Florida Consolidated Multi-Media Service's, Inc
3600 NW 43rd Street, Suite C-1
GAINESVILLE, FL 32606-8127

1

DATE 2-4-00

PAY TO THE ORDER OF Florida Public Service Commission \$ 250.00

Two Hundred Fifty Dollars

DOLLARS Security features included. Details on back.

AMSOUTH BANK 06
THE RELATIONSHIP PEOPLE

FOR Clec. application multi-media *Waldemar F. Kissel Jr.*

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

ORIGINAL

000158-TX

Instructions

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250.00 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 Telecommunications
Bureau of Certification and Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

APPLICATION

1. This is an application for \checkmark (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Florida Consolidated Multi-Media Services, Inc.

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

Florida Consolidated Multi-Media Services, Inc.

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

3600 NW 43RD Street, Suite C-1

Gainesville, FL 32606

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

3600 NW 43RD Street, Suite C-1

Gainesville, FL 32606

6. Structure of organization:

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

7. **If individual**, provide:

Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

(a) **The Florida Secretary of State corporate registration number:**

N/A

9. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State corporate registration number:**

P-000 000 04659

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

(a) **The Florida Secretary of State fictitious name registration number:**

N/A

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

N/A

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

Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: N/A

14. Provide **F.E.I. Number**(if applicable): Applied For

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

N/A

(b) an 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.

N/A

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

(a) The application:

Name: Norman H. Horton, Jr.

Title: Attorney

Address: 215 South Monroe Street, Suite 701

City/State/Zip: Tallahassee, FL 32302-1876

Telephone No.: 850-222-0720 **Fax No.:** 850-224-4359

Internet E-Mail Address: N/A

Internet Website Address: N/A

(b) Official point of contact for the ongoing operations of the company:

Name: Waldemar F. Kissel, Jr.

Title: President

Address: 3600 NW 43RD Street, Suite C-1

City/State/Zip: Gainesville, FL 32606

Telephone No.: 352-375-4139 **Fax No.:** 352-375-4245

Internet E-Mail Address: N/A

Internet Website Address: N/A

(c) Complaints/Inquiries from customers:

Name: Waldemar F. Kissel, Jr.

Title: President

Address: 3600 NW 43RD Street, Suite C-1

City/State/Zip: Gainesville, FL 32606

Telephone No.: 352-375-4139 **Fax No.:** 352-375-4245

Internet E-Mail Address: N/A

Internet Website Address: N/A

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

N/A

(b) has applications pending to be certificated as an alternative local exchange company.

N/A

(c) is certificated to operate as an alternative local exchange company.

N/A

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

N/A

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

N/A

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

N/A

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. written explanation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
 2. written explanation that the applicant has sufficient financial capability to maintain the requested service.
 3. written explanation that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

18A. Financial capability

Applicant is capitalized with \$10,000.00 cash at AmSouth Bank as equity

Address: 3232 SW College Road, Ocala, FL 34424

Account #3391694663

Contact Name: Charlotte Scruggs or Sandra Sprague

Phone For Contact Name: 352-237-1194

All equipment will be purchased by principle and working capital infused as required.

All equipment, offices, office overhead will be provided by principle at on site locations and at Corporate Office Park in Gainesville as needed.

Applicant will be providing service only to principles owned apartment communities.

18B. Managerial capability

Principle and President of applicant shall be

Waldemar F. Kissel, Jr.

EDUCATION

BSME University of Notre Dame

MBA Harvard

Work experience includes design engineer for General Motors, Electronics and Space division of Emerson Electric, Controller and General Manager positions for development companies, then operated own company for past seventeen (17) years – developing land, building houses, office buildings, and apartment communities. Administrative staff will be employed full time for applicant.

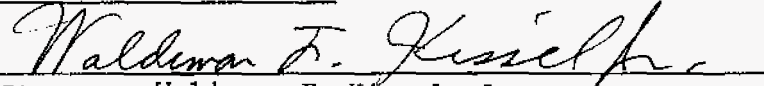
18C. Technical capability

DTI shall provide initial technical and maintenance support, but a fully trained telecommunications person will be employed full time as equipment goes into service.

**** APPLICANT ACKNOWLEDGMENT 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 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 \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

	1/28/00
Signature Waldemar F. Kissel, Jr.	Date
President	352-375-4139
Title	Telephone No.
Address: 3600 NW 43RD Street, Suite C-1	352-375-4245
Gainesville, FL 32606	Fax No.

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____,

(Title) _____ of (Name of Company)

_____ and current holder of Florida Public Service Commission Certificate Number # _____

_____, have reviewed this application and join in the petitioner's request for
a:

- () sale
- () transfer
- () assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Signature Date

Title Telephone No.

Address: _____
Fax No.

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. POP: Addresses where located, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

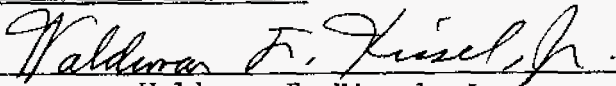
<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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:

		<u>1/28/2000</u>
Signature	Waldemar F. Kissel, Jr.	Date 1/28/00
	<u>President</u>	<u>(352) 375-4139</u>
Title		Telephone No.
Address:	<u>3600 NW 43RD Street, Suite C-1</u>	<u>(352) 375-4245</u>
	<u>Gainesville, FL 32606</u>	Fax No.
<hr/>		
<hr/>		
<hr/>		



**FACSIMILE TRANSMISSION
INTERNAL REVENUE SERVICE**

**ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362**

DATE 1-31-00 **RECD** _____ **TIME** _____

NAME Waldemar F Kissel **FAX NUMBER** 352-375-4245

IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION NUMBER FOR THE ENTITY (IES) SHOWN BELOW. YOU SHOULD RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.

COMPANY NAME:

Florida Consolidated Multi-Media Services Inc

EMPLOYER IDENTIFICATION NUMBER (EIN): 59-3619333

COMPANY NAME:

EMPLOYER IDENTIFICATION NUMBER (EIN):

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of the communication is not the intended recipient, or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you receive this communication in error, please notify the sender immediately by telephone call. Thank you.

LAW OFFICES
MESSER, CAPARELLO & SELF
A PROFESSIONAL ASSOCIATION

215 SOUTH MONROE STREET, SUITE 701
POST OFFICE BOX 1876
TALLAHASSEE, FLORIDA 32302-1876
TELEPHONE: (850) 222-0720
TELECOPIERS: (850) 224-4359; (850) 425-1942
INTERNET: www.lawfla.com

February 8, 2000

ORIGINAL

RECEIVED-PPSC
00 FEB - 8 PH 2: 53
RECORDS AND REPORTING

BY HAND DELIVERY

Ms. Blanca Bayo, Director
Division of Records and Reporting
Room 110, Easley Building
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

000158-TX

Dear Ms. Bayo:

Enclosed for filing are an original and 6 copies of an application for an ALEC Certificate for Florida Consolidated Multi-Media Services, Inc. The application fee of \$250.00 is also enclosed.

Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the same to me.

Thank you for your assistance with this filing.

Sincerely,

Norman Gordon

Florida Consolidated Multi-Media Services, Inc 3600 NW 43rd Street, Suite C-1 GAINESVILLE, FL 32606-8127		# 1
DATE <u>2-4-00</u>		
PAY TO THE ORDER OF <u>Florida Public Service Commission</u>	\$ <u>250.00</u>	
<u>Two Hundred Fifty Dollars</u>		DOLLARS
AM SOUTH BANK 06 THE RELATIONSHIP PEOPLE		
FOR <u>Clec. application multi-media</u>	<u>Waldemar F. Kiesel Jr.</u>	