

DEPOSIT DATE  
D245 FEB 09 2000

FLORIDA PUBLIC SERVICE COMMISSION  
00 FEB -8 PM 1:23

\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\* MAIL ROOM

**DIVISION OF TELECOMMUNICATIONS**  
**BUREAU OF CERTIFICATION AND SERVICE EVALUATION**

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

000162-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**:

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

**TELNET.COM, INC.**  
**GENERAL ACCOUNT**  
**300 S. HYDE PARK AVE.**  
**TAMPA, FL 33606**  
**(813) 386-4000**

**THE HUNTINGTON NATIONAL BANK**  
**TAMPA, FL 33606**  
**63-1289/631**

2/7/2000

PAY TO THE ORDER OF The Florida Public Service commission

\$ \*\*250.00

Two Hundred Fifty and 00/100\*\*\*\*\*

**DOLLARS**  
Security features included. Details on back.

The Florida Public Service commission  
Capital Circle Office Center  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

DOCUMENT NUMBER - DATE  
**01759 FEB-98**

MEMO Lic.

FPSC-RECORDS (REDACTED)

DEPOSIT

DATE

D245

FEB 09 2000

RECEIVED  
FLORIDA PUBLIC SERVICE COMMISSION

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

MAIL ROOM

**DIVISION OF TELECOMMUNICATIONS**  
**BUREAU OF CERTIFICATION AND SERVICE EVALUATION**

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**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**

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DOCUMENT NUMBER-DATE

01759 FEB-98

FPSC-RECORDS/REPORTING

DATE DEPOSIT  
FEB 28 2000

### APPLICATION

1. This is an application for  (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:

TE/NET.COM, INC.

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

N/A

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

300 S. Hyde Park Av. Ste. 200

TAMPA, FL 33606

- OR -

P.O. Box 18186 TAMPA, FL 33679

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

Stamped Above

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:

ENCLOSED (PP1000086661)

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

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

N/A

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:

\_\_\_\_\_

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

Name: \_\_\_\_\_

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: \_\_\_\_\_

14. Provide **F.E.I. Number**(if applicable): \_\_\_\_\_

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.**

\_\_\_\_\_  
\_\_\_\_\_

(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.

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

(a) The application:

Name: TIMOTHY S. DEDIÉGO

Title: President

Address: 200 S. HYDE PARK AV. STE 200

City/State/Zip: TAMPA, FL 33606

Telephone No.: 813 386-4000 Fax No.: 813 386-0631

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

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

Name: TIMOTHY S. DEDIÉGO

Title: PRESIDENT

Address: 200 S. HYDE PARK AV. STE 200

City/State/Zip: TAMPA, FL 33606

Telephone No.: 813 386 4000 Fax No.: 813 386-0631

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: John Coleman

Title: CEO

Address: 300 S. Hyde Park Av. STE. 200

City/State/Zip: Tampa, FL 33606

Telephone No.: 813 386-4000 Fax No.: 813 386-0631

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

17. List the states in which the applicant:

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

GA, NY.

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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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.

**\*\* 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:**

Signature		Date	12/2/99
Title	President	Telephone No.	813 386-4000
Address:	300 S. Hyde Park Av.	Fax No.	813 386-0631
	Tampa FL 33606		

**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:**

Signature  Date 11/2 199

Title 813 386-4000 Telephone No.

Address: 300 S. Hyde Park Av. 813 386-0631 Fax No.  
Suite 200

Tampa, FL 33606

01/12/00

**Telenet.com, Inc.**  
**Balance Sheet**  
 As of December 31, 1999

	Dec 31, '99
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
Account Payable	11,546.61
Deposit Account	12,840.38
Expence Acct	3,279.21
1170 - Petty Cash	32.00
<b>Total Checking/Savings</b>	27,698.20
<b>Accounts Receivable</b>	
1200 - Accounts Receivable	8,962.36
<b>Total Accounts Receivable</b>	8,962.36
<b>Other Current Assets</b>	
1120 - Inventory Asset	4,613.82
1499 - Undeposited Funds	973.69
<b>Total Other Current Assets</b>	5,587.51
<b>Total Current Assets</b>	42,248.07
<b>Fixed Assets</b>	
Office Equipment	900,000.00
<b>Total Fixed Assets</b>	900,000.00
<b>TOTAL ASSETS</b>	<b>942,248.07</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
2000 - Accounts Payable	4,310.52
<b>Total Accounts Payable</b>	4,310.52
<b>Other Current Liabilities</b>	
Line of Credit	74,077.10
2100 - Payroll Liabilities	251.90
<b>Total Other Current Liabilities</b>	74,329.00
<b>Total Current Liabilities</b>	78,639.52
<b>Total Liabilities</b>	78,639.52

01/12/00

**Telenet.com, Inc.**  
**Balance Sheet**  
As of December 31, 1999

	<u>Dec 31, '99</u>
<b>Equity</b>	
Net Income	-37,344.12
3000 - Opening Bal Equity	<u>900,952.67</u>
<b>Total Equity</b>	<u>863,608.55</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>942,248.07</u></u>