

UNITED STATES BANKRUPTCY COURT District of Southern District of Texas (Houston)	PROOF OF CLAIM
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001313-JT

00 SEP -6 AM 8:23

In re (Name of Debtor) Twister Communications Network Inc, 78-0522085	Case Number: 00-34799 - mdl Cred. ID: 1504191
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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor: <i>(The person or other entity to whom the debtor owes money or property)</i> Florida Public Service Commission Name and Address Where Notices Should be Sent Florida Public Service Commission Division of Records and Reporting 2450 Shumard Oak Blvd. Tallahassee FL 32399 Telephone No	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if address differs from the address on the envelope sent to you by the court.
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THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:	Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated : _____ <input type="checkbox"/> amends
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1. BASIS FOR CLAIM:

<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly):	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date)
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2. DATE DEBT WAS INCURRED	3. IF COURT JUDGMENT, DATE OBTAINED:
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4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another.

CHECK THE APPROPRIATE BOX OR BOXES below that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

<input type="checkbox"/> SECURED CLAIM \$ Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly): Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$	<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ Specify the priority of the claim. Wages, salaries, or commissions up to \$4000*, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § (507)(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. § 507(a) Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.
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5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:	\$ _____ (Unsecured)	\$ _____ (Secured)	\$ _____ (Priority)	\$ _____ (Total)
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Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

<p>6. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.</p> <p>7. SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests to original and each copy. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p> <p>8. DATE- STAMPED COPY. To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and additional copy of this proof of claim.</p>	<p style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</p>
DATE: _____	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): _____

PENALTY for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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DOCUMENT NO.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS

IN RE : Twister Communications Network Inc,

Social Security Number. :

Case No: 00-34799-mdl

Chapter: 7

Date Filed (or Converted): 5/23/00

NOTICE OF ASSETS, NOTICE TO CREDITORS AND OTHER PARTIES
IN INTEREST OF THE NEED TO FILE CLAIMS

Notice is hereby given that:

It having appeared from the schedules of the debtor at the time of filing that there was no estate from which any dividend could be paid to creditors, the notice to creditors advised that it was unnecessary for any creditor to file his claim at that time.

It appearing subsequently that there is an estate from which dividend to creditors may be paid, creditors must now file claims in this case in order to share in any distribution from this estate.

CLAIMS MUST BE FILED ON OR BEFORE NINETY (90) DAYS FROM THE ISSUANCE OF THIS NOTICE.

Claims which are not filed timely as set forth above will not be allowed, except as otherwise provided by law. A claim must be filed in the office of the clerk of the bankruptcy court on an official form prescribed for a proof of claim.

Mail ORIGINAL To: US Bankruptcy Court
PO Box 61288
Houston, Tx 77208

Mail COPY To: Trustee
Joseph M. Hill
5851 San Felipe
Suite 950
Houston, TX 77057

Michael N. Milby
Clerk of the Bankruptcy Court

Date of Issuance: 08/31/00

SAT-34508 0541-4 ntc 00-34/99
Guy E Matthews
Attorney at Law
1900 W Loop S
Ste 1800
Houston, TX 77027

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Florida Public Service Commission
Division of Records and Reporting
2450 Shumard Oak Blvd.
Tallahassee FL 32399

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