

001667-TC

ORIGINAL

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

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

3. Official mailing address:
Street: 24 Greenway Plaza Suite 1826
P.O.Box: _____
City: Houston
State: Texas Zip: 77046

4. Florida address:
Street: _____
P.O.Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

DEPOSIT DATE
D384 NOV 06 2000

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: _____

DOCUMENT NUMBER-DATE
14267 NOV-38
FPSC-RECORDS/REPORTING

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:** _____

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

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

Internet E-Mail Address: _____

Internet Website Address: _____

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: _____

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

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (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: Sharon Mattingly
Title: Regulatory Affairs Director
Address: 24 Greenway Plaza Suite 1826
City/State/Zip: Houston, Tx 77046
Telephone No.: (713) 961-9399 Fax No.: (713) 961-7997
Internet E-Mail Address: sharon@zmailmedia.com
Internet Website Address: Zmailmedia.com

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

Name: Marcie Zlotnik
Title: Chief Financial Officer
Address: 24 Greenway Plaza Suite 1826
City/State/Zip: Houston, Tx 77046
Telephone No.: (713) 961-9399 Fax No.: (713) 961-7997
Internet E-Mail Address: marcie@zmailmedia.com
Internet Website Address: www.zmailmedia.com

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.

Texas
Georgia

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

North Carolina, South Carolina, Mississippi
Virginia

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

None

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

None

16. Please check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) Web access

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 40

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: only via 800, 877 & 888.

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****

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 the 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:

Neil Leibman

Print Name

President

Title

713-961-9399

Telephone No.



Signature

10/19/2000

Date

713-961-7997

Fax No.

Address: 24 Greenway Plaza, Suite 1826
Houston, Texas 77046

****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.

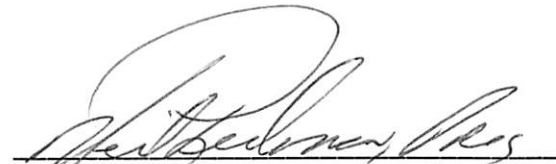
I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. 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:

Neil Leibman

Print Name



Signature

President

Title

10/19/2000

Date

713-961-9399

Telephone No.

713-961-7997

Fax No.

Address: 24 Greenway Plaza Suite 1826
Houston, TX 77046

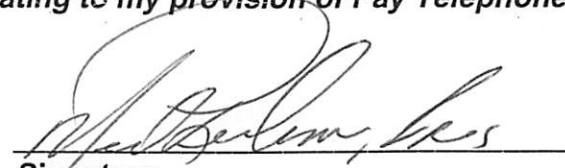
****APPLICANT ACKNOWLEDGMENT****

Applicant: Zmail Media, Inc

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

Neil Leibman

Print Name



Signature

President

Title

10/19/2000

Date

713-961-9399

Telephone No.

713-961-7997

Fax No.

Address: 24 Greenway Suite 1826
Houston, Texas 77046

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.

State of Florida



Department of State

I certify from the records of this office that ZMAIL MEDIA, INC., is a corporation organized under the laws of Texas, authorized to transact business in the State of Florida, qualified on October 20, 2000.

The document number of this corporation is F00000005922.

I further certify that said corporation has paid all fees due this office through December 31, 2000, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-fourth day of October, 2000



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

001667-JC

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5. Structure of organization:
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 General Partnership

DEPOSIT DATE
D384 NOV 06 2000

ZMAIL MEDIA, INC. 04-
24 GREENWAY PLAZA, SUITE 1826
HOUSTON, TX 77046

COMPASS BANK
HOUSTON, TEXAS
35-1054/1130

1304

10/31/00

PAY TO THE ORDER OF Florida Public Service Commission \$ **100.00

One Hundred and 00/100*****

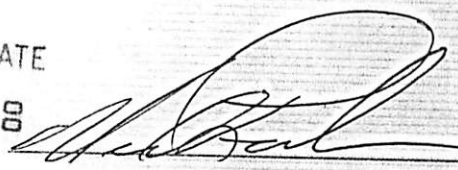
Florida Public Service Commission

DOLLARS
Security features included. Details on back.

DOCUMENT NUMBER-DATE

14267 NOV-38

MEMO Filing Fee - Cert. to Provide Pay Telephone Services - Florida



⑈001304⑈