

ORIGINAL

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

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

010366-TX

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

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 Page 12).
- ◆ 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:

DEPOSIT DATE
MAR 28 2001

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 Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480

01 MAR 27 AM 10:25
MAIL ROOM

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:

W.G.I COMMUNICATIONS INC.

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

BOOMERANG HOME PHONE SERVICE

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

1737 E. Hillsborough Ave.
TAMPA, FLORIDA 33610

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

SAME

6. Structure of organization:

- () Individual
- () Foreign Corporation
- () General Partnership
- () Other _____

- () Corporation
- () Foreign Partnership
- () Limited Partnership

7. If individual, provide:

Name: _____

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:

PO1000018971

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

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

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:

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): N/A _____

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.

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

(a) The application:

Name: KENNETH Roberts

Title: President

Address: 4058 N. Armenia #103

City/State/Zip: TAMPA, FLORIDA 33607

Telephone No.: 813 873 2337 Fax No.: 813 354 9264

Internet E-Mail Address: KCROBZ @ AOL .COM

Internet Website Address: Wevegotit+wireless.COM

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

Name: SAME AS ABOVE
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: SAME AS ABOVE
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____
Internet Website Address: _____

17. List the states in which the applicant:

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

NONE

-

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

FLORIDA

-

(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

-

-

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

NONE

-

-

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

NONE

-

18. Submit the following:

A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

B. 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.

C. Financial capability. NO FINANCIAL STATEMENTS AVAILABLE

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.

THIS PAGE MUST BE COMPLETED AND SIGNED

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:

Kenneth Roberts

Print Name



Signature

PRESIDENT

Title

3/05/01

Date

813 416 7425 813 354 9264

Telephone No.

Fax No.

Address: 4058 N. ARMENIA #103

TAMPA, FLORIDA 33607

THIS PAGE MUST BE COMPLETED AND SIGNED

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:

KENNETH Roberts

Print Name

Donald Rabe

Signature

President

Title

3/05/09

Date

813 416 7425

Telephone No.

813 354 9264

Fax No.

Address: 4058 N. Armenia #103

TAMPA FLORIDA 33607

N/A

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) _____	_____

N/A

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:

Print Name _____

Signature _____

Title _____

Date _____

Telephone No. _____

Fax No. _____

Address: _____

Kenneth C. Roberts II

4218 Forester Lane
Tampa, Florida 33624
Hm. : (813) 964-8305
Fax : (813) 354-9264
Cell : (813) 416-7425
E-mail : KCRob2@aol.com

Experience

Nov. 95 – Present We've Got It, Wireless Inc. Tampa, Florida

President. Successfully launched and managed retail Paging & Cellular start-up. Successfully grew business from one location to five. Duties included day to day operations management, sales, customer service, marketing & advertising, accounting, employee relations, training and repair.

Nov. 92 – Oct. 95 Pony Computer Inc. Solon, Ohio

Sales Manager. Managed team of sales representatives, structuring team goals and evaluating employee performance appraisals. Prospected new corporate clients through research and cold calling. Maintained continuous relationship with current customer base. Presided over sales meetings, set team goals, and compiled productivity reports.

Education

Florida Agricultural and Mechanical University Tallahassee Florida
Bachelor of Science, Accounting *Graduated: May 1992*

Personal Strengths

Great interpersonal, communications, and relationship building skills.
Self-starter, highly motivated, goal oriented, above average computer Proficiency, and personal integrity

References Available Upon Request



W.G.I. Communications Inc.

4058 N. Armenia Suite 103

Tampa, FL , 33607

813.873.2337

813.354.9264 fax

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
850.413.6770

Dear Sirs:

As a newly formed entity, WCI Communications Inc, d.b.a. Boomerang Home Telephone Service has no financial statements available at this time. In support of our financial ability to maintain our service carrier obligations, lease obligations, and ownership obligations as an A.L.E.C. (i.e. payrolls, rents, etc.), we offer the financials of our parent company, We've got it Wireless Inc. which owns and operates a cellular and paging retail chain in Tampa Florida. I hope this information sufficiently meets your needs and feel free to contact me directly if you require additional information. I can be reached at (813) 416-7425. Thank you in advance for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Kenneth Roberts". The signature is written in a cursive, flowing style.

Kenneth Roberts

CEO, WGI Communications Inc

Financial Statements

of
WE'VE GOT IT WIRELESS, INC.
For the Period Ended December 31, 2000

See Accompanying Accountant's Compilation Report

WE'VE GOT IT WIRELESS, INC.
Income Statement
For the Period Ended December 31, 2000

	12 Months Ended <u>Dec. 31, 2000</u>	<u>Pct</u>
Revenue		
Sales - Other	\$ <u>113,457.91</u>	<u>100.00</u>
Total Revenue	113,457.91	100.00
Cost of Sales		
Cost of Goods Sold	<u>46,484.87</u>	<u>40.97</u>
Total Cost of Sales	<u>46,484.87</u>	<u>40.97</u>
Gross Profit	66,973.04	59.03
Operating Expenses		
Accounting	450.00	0.40
Advertising	3,478.64	3.07
Bank Charges	1,042.75	0.92
Insurance	81.40	0.07
Office Expense	3,879.00	3.42
Rent	12,481.00	11.00
Repairs and Maintenance	482.32	0.43
Salaries - Officers	20,833.30	18.36
Supplies	3,241.73	2.86
Taxes - Payroll	4,848.24	4.27
Taxes - Other	7,337.32	6.47
Telephone	2,496.19	2.20
Utilities	<u>984.23</u>	<u>0.87</u>
Total Expenses	<u>61,636.12</u>	<u>54.33</u>
Operating Income	<u>5,336.92</u>	<u>4.70</u>
Net Income (Loss)	\$ <u><u>5,336.92</u></u>	<u><u>4.70</u></u>

See Accompanying Accountant's Compilation Report

WE'VE GOT IT WIRELESS, INC.
Balance Sheet
December 31, 2000

Assets

Current Assets

Cash in Bank	\$	8,041.00	
Inventory		24,214.61	
Loans to Stockholders		<u>619.69</u>	

Total Current Assets			\$ 32,875.30
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Fixed Assets

Fixtures and Equipment		<u>52,355.99</u>	
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Total Fixed Assets			52,355.99
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Other Assets

Total Assets			\$ <u><u>85,231.29</u></u>
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See Accompanying Accountant's Compilation Report

WE'VE GOT IT WIRELESS, INC.
Balance Sheet
December 31, 2000

Liabilities and Equity

Current Liabilities

Notes Payable - Current	\$	(894.00)
Loan Payable		(1,300.00)
Federal Withholding Payable		4,146.70
FICA Tax Payable		7,728.66
Federal Unemployment Payable		202.66
Accrued Wages & Salaries		<u>(10,187.22)</u>

Total Current Liabilities \$ (303.20)

Long Term Liabilities

Equity

Retained Earnings	81,211.82
Dividends	(1,014.25)
Current Income (Loss)	<u>5,336.92</u>

Total Equity 85,534.49

Total Liabilities & Equity \$ 85,231.29

See Accompanying Accountant's Compilation Report

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

D046 *

MAR 29 2001

DOCUMENT NUMBER - DATE
72 MAR 28 2001
RECORDS/REPORTING

Huntington Banks
MONEY ORDER
345 0212 8083
MARCH 26 2001

To The Order Of Florida Public Service Commission

Pay The sum of 250 dol's 00 cts \$ **250.00**

★ ★ NOT GOOD OVER TWO THOUSAND FIVE HUNDRED DOLLARS ★ ★
BY SIGNING YOUR NAME

PAYABLE AT COMPASS BANK Dallas, Texas
Remitter W.G.I. Co
Address 1737 E. TAMPA

88-1055 1119
SS COMPANY, INC. MINNEAPOLIS, MN 55480

119.07(1)(z), Florida Statutes: Bank account numbers or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt owing are confidential and exempt from subsection (1) and s.24(a), Art. 1 of the State Constitution . . .