

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

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

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

710708-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 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:

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

Check received with filing and
forwarded to Fiscal for deposit.
Fiscal to forward a copy of check
to RAR with proof of deposit.
Initials of person who forwarded check
[Handwritten initials]

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:

Phantom Networks, Inc.

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

Phantom Networks, Inc.

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

2319 N. Andrews Avenue
Fort Lauderdale, FL 33311

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

2319 N. Andrews Avenue
Fort Lauderdale, FL 33311

6. Structure of organization:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other | |

7. If individual, provide: *Not Applicable*

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:

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

(a) The Florida Secretary of State corporate registration number: F01000002308

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

Not Applicable

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

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

Not Applicable

(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.

Not Applicable

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.

Not Applicable

(a) The Florida registration number:

14. Provide F.E.I. Number(if applicable): 88-0494926

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.

None

(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.

None

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

(a) The application:

Name: David Bergerson

Title: V.P Technical Operations

Address: 2319 N. Andrews Avenue

City/State/Zip: Fort Lauderdale, FL 33311

Telephone No.: 954.563.1269 Fax No.: 954.563.2153

Internet E-Mail Address: dave@phantom.net

Internet Website Address: www.phantom.net

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

Name: Steve Weil
Title: Business Liaison
Address: 2319 N. Andrews Avenue
City/State/Zip: Fort Lauderdale, FL 33311
Telephone No.: 954.563.1269 Fax No.: 954.563.2153
Internet E-Mail Address: steve@phantom.net
Internet Website Address: www.phantom.net

(c) Complaints/Inquiries from customers:

Name: Steve Weil
Title: Business Liaison
Address: 2319 N. Andrews Avenue
City/State/Zip: Fort Lauderdale, FL 33311
Telephone No.: 954.563.1269 Fax No.: 954.563.2153
Internet E-Mail Address: inquiry@phantom.net
Internet Website Address: www.phantom.net

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.

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

- (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.**

See Attached Answers

- 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.**

See Attached Answers

C. 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.

See Attached Answers

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.

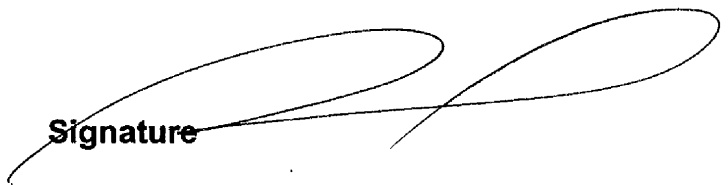
UTILITY OFFICIAL:

Steven J. Weil
Print Name

Business Liaison
Title

9545631269 9545632453
Telephone No. Fax No.

Address:
2319 N. Andrews Avenue
Fort Lauderdale, FL 33311

Signature 

Date 05/08/01

THIS PAGE MUST BE COMPLETED AND SIGNED

AFFIDAVIT

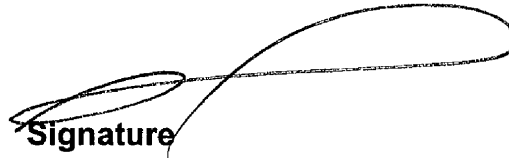
By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the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

Steven J. Wall

Print Name


Signature

Business Liaison

Title

Date 05/08/01

954 563 1269

Telephone No.

954 563 2153

Fax No.

Address:

2319 W. Andrews Avenue
Fort Lauderdale, FL 33311

Answers for Application for Authority to Provide Alternative Local Exchange Service
within the State of Florida

Data Grade Only

1. This is an application for Original Authority.
2. The name of the applicant is Phantom Networks, Inc., hereinafter referred to as "applicant."
3. The applicant will do business under the name of Phantom Networks, Inc.
4. The applicants mailing address is:
Phantom Networks, Inc.
2319 N. Andrews Avenue
Fort Lauderdale, FL 33311
(954) 563.1269 (Voice)
(954) 563.2153 (Fax)
5. Phantom Networks, Inc.
2319 N. Andrews Avenue
Fort Lauderdale, FL 33311
(954) 563.1269 (Voice)
(954) 563.2153 (Fax)
6. The organization is structured as a Corporation.
7. Not applicable
8. Not applicable
9. F01000002308
10. Not applicable
11. Not applicable
12. Not applicable
13. Not applicable
14. 88-0494926
15. (a) None (b) None
16. (a) David Bergerson
V.P. of Technical Services
2319 N. Andrews Avenue
Fort Lauderdale, FL 33311
(954) 563.1269 (Voice)
(954) 563.2153 (Fax)
dave@phantom.net
www.phantom.net
- (b) Steven J. Weil
Business Liaison
2319 N. Andrews Avenue
Fort Lauderdale, FL 33311
(954) 563.1269 (Voice)
(954) 563.2153 (Fax)

steve@phantom.net
www.phantom.net

- (c) Steven J. Weil
Business Liaison
2319 N. Andrews Avenue
Fort Lauderdale, FL 33311
(954) 563.1269 (Voice)
(954) 563.2153 (Fax)
steve@phantom.net
www.phantom.net

17. (a) The applicant has no operations as an alternative local exchange company in any other states.
(b) The applicant has no applications pending as an alternative local exchange company in any other states.
(c) The applicant is not certified to operate as an alternative local exchange company in any other state.
(d) The applicant has not been denied authority to operate as an alternative local exchange company in any other state.
(e) The applicant had had no regulatory penalties imposed for violations of telecommunications statues.
(f) The applicant has not been involved in any civil court proceedings.

18. (a)
David Bergerson

Mr. Bergerson is involved in this company as a technical manager. He brings to the company over 20 years of experience in the computer and networking business. Mr. Bergerson worked for Microsoft in 1987 as the technical liaison between the State of Florida SUS Schools and Microsoft corporation. After leaving Microsoft, Mr. Bergerson started Integrated Technologies. Integrated Technologies was a company founded on providing networking solutions for mid to large size companies. Integrated Technologies was a Bellsouth Business partner and provided communications services through Bellsouths network. After Integrated Technologies, Mr. Bergerson left to start Dot Net. Dot Net was formed to go after the explosion of the internet. Dot Net focused on providing end to end solutions for customers using the internet as a means to augment and run their business.

Steven J. Weil

Mr. Weil is in charge of business operations for the company. He brings the company over 25 years of business and financial management experience. Since 1984, Mr. Weil has been President of Royale Management Services, Inc. an

accounting , tax and business consulting firm. His experience includes management consulting for business owners and franchise companies across the United States. Mr. Weil is enrolled to practice before the Internal Revenue Service. Prior to the founding of Royale Management Services in 1984 Mr. Weil, provided trouble shooting, consulting and turn around management to the hospitality industry. Mr. Weil is a noted speaker and conducts seminars for business owners and franchisor across the country in financial management and business operations, he has also provided continuing education seminars for accountants.

(b)

The applicant will be relying on BellSouth to maintain their own network as we will be reselling their network. The applicant will be relying on Cisco Corporation to maintain the equipment used on BellSouth's network. The applicant will also construct a Network Operations Center (NOC) that will be staffed 24 hours a day, 7 days a week. Any customer of the Applicant will be able to contact a representative of the Applicant to file any necessary complaint, service order, billing question, or other such matter with this department.

(c) There are no true financial statements for the Applicant. This project is a start up company. The applicant has produced a business plan, with the intention to raise capital for the projects contained within the plan. The projects are based on the applicant receiving an Alternative Local Exchange Carrier license from the State of Florida. Initially, the start up capital will come from the company's two major shareholders and directors. If desired by the Commission, the Applicant can furnish the business plan for review.