

**** 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

011638-TX

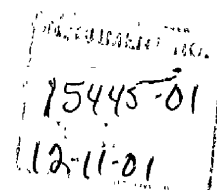
Instructions

- ◆ 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



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:

Adelphia Business Solutions Investment East, LLC ("ABS East" or "Applicant")

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

Adelphia Business Solutions Investment East, LLC

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

Adelphia Business Solutions, Inc.

One North Main Street

Coudersport, Pennsylvania 16915

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

ABS East will have offices at:

1800 Pembroke Drive, Suite 200, Orlando, Florida 32810;

2400 N. Commerce Parkway, Suite 200, Westin, Florida 33326; and

Two Harbour Place, 302 Knights Run Avenue, Suite 1025, Tampa, Florida 33602.

6. Structure of organization:

() Individual

() Corporation

() Foreign Corporation

() Foreign Partnership

() General Partnership

() Limited Partnership

() Other Virginia limited liability company

7. If individual, provide:

Name: Not applicable.

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:**

Not applicable.

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

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

ABS East is a Virginia limited liability company. ABS East's Florida Secretary of State corporate registration number is: M01000002270. Please also see Attachment F.

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:

Not applicable.

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

(a) The Florida Secretary of State registration number:

Not applicable.

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

Name: Not applicable.

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: Not applicable

14. Provide F.E.I. Number (if applicable): 25-1895664

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 of ABS East's officers, directors, or ten largest stockholders have previously been adjudged bankrupt, mentally incompetent or found guilty of any felony or of any crime, nor will any such actions result from pending proceedings.

(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.

The officers and directors ultimately responsible for ABS East's operations in Florida are the officers and directors of its corporate parent, Adelphia Business Solutions, Inc. ("Adelphia"). Adelphia is also the ultimate corporate parent, and its officers and directors are responsible for the day-to-day management, of Adelphia Business Solutions of Florida, Inc, Adelphia Business Solutions of Jacksonville, Inc., and Adelphia Business Solutions Investment, LLC.

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

(a) The application:

Name: Russell M. Blau/Michael P. Donahue

Title: Counsel to Adelphia Business Solutions Investment East, LLC

Address: Swidler Berlin Shereff Friedman, LLP, 3000 K Street NW, Suite 300

City/State/Zip: Washington, DC 20007

Telephone No.: (202) 424-7500 Fax No.: (202) 295-8478

Internet E-Mail Address: mpdonahue@swidlaw.com

Internet Website Address: www.swidlaw.com

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

Name: Terry Romine, Esq.

Title: Director, Legal and Regulatory Affairs

Address: One North Maine Street

City/State/Zip: Coudersport, Pennsylvania 16915

Telephone No.: (814) 260-3143 Fax No.: (814) 274-8243

Internet E-Mail Address: terry.romine@adelphia.com

Internet Website Address: www.adelphia.com

(c) Complaints/Inquiries from customers:

Name: Terry Romine, Esq.

Title: Director, Legal and Regulatory Affairs

Address: One North Main Street

City/State/Zip: Coudersport, Pennsylvania 16915

Telephone No.: (814) 260-3143 Fax No.: (814) 274-8243

Internet E-Mail Address: terry.romine@adelphia.com

Internet Website Address: www.adelphia.com

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.

ABS East is in the process of obtaining authority to provide facilities-based and resold local exchange telecommunications services in Pennsylvania and Virginia.

(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.

ABS East has not been denied authority to offer service in any state.

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

No regulatory agency has imposed any penalties on ABS East for any violations of telecommunications statutes.

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

ABS East has not been involved in civil court proceeding with an IXC, LEC, or other telecommunications entity.

18. Submit the following:

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

Please see Attachment D.

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.

Please see Attachment D.

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.

Please see Attachment E.

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.

ABS East will submit this information under separate cover

2. **SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

ABS East will submit this information under separate cover

3. **TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

POP-to-POP

OWNERSHIP

ABS East will submit this information under separate cover

ATTACHMENT C

**Application Form For Authority to Provide Interexchange Telecommunications Service
Between Points Within the State of Florida**