

CRESCENT TELEPHONE COMPANY, INC. 6 Nevada Drive, Building C Lake Success, New York 11042 (516) 326-2540

CLERK

March 22, 2002

Via Airborne Courier

020266-TC

ORIGINAL

Florida Public Service Commission Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850

Dear Commission Staff:

Enclosed for filing with the Florida Public Service Commission are the following:

- (1) One original and two copies of Crescent Telephone Company, Inc.'s Application Form for Certificate to Provide Pay Telephone Service within the State of Florida; and
- (2) Crescent Telephone Company, Inc.'s check in the amount of \$100 in payment of the non-refundable application fee therefor.

Kindly acknowledge receipt of this letter and its enclosures by date stamping the duplicate letter enclosed and returning it to the attention of the undersigned in the postage paid, self addressed envelope which has been provided for your convenience.

Thank you.

cc:

Very truly yours,

Renee A. Brandner

Director of Legal Affairs

A. Scalice A. Kelly Chack received with filing and forwarded to Fiscel for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

RECEIVED C-BU

Intress of person who forwarded check:

DOCUMENT NUMPER-DATE

TI SI MA 32 MAM 20

03436 MAR 26 8

DISTRIBUTION CENTER

FPSC-COMMISSION CLERK

	ORIGINAL 02026	le-	·7C	-
1.	Name of company or name of individual (not fictitious name or d/b/a): Crescent Telephone Company, Inc.			
2.	Name under which applicant will do business (fictitious name, etc.): <u>Crescent</u> Telephone Company, InC.			
3.	Official mailing address:			
	Street: 6 Nevada Drive			
	Building Building C			
	City: Lake Success			
	State: New York Zip: 11042			
4.	Florida address:			
	Street: 803 S.W. 14th Street			
	P.O. Box:			
	City: <u>Pompano Beach</u>			
	State: Florida Zip: 33060			
5.	Structure of organization:			
	() Individual			
	Corporation			
	() General Partnership			X
	() Limited Partnership	÷.	26 as	CLER
	() Other:	110	MAR	SIGN
6.	$g_{\text{ualified}} *$ If incorporated in Florida, provide proof of authority to operate in Florida:	DOCUMENT ALMBER	034361	FPSC-COMMISSION CLERN
	Florida Secretary of State Corporate Registration Number: <u>F0200001258</u>	DOCUM	03	FPSC-(
Form F Requir File M	incorporated in Delaware August 10, 1999 gualified in Florida March 12, 2002 - see certified copies of gualificati documents from Florida Secreta documents from Florida Secreta address cincludes name and address of Florida registered agent)	2 2		

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:

•

h

	Florida Fictitious Name N/A Registration Number:				
8.	F.E.I. Number (if applicable): <i>i1-35059</i> ⊋ }				
9.	If individual, provide: N/A				
	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:				
	1. Name: N/A				
	Title:				
	Address:				
	City/State/Zip:				
	Telephone No.:				
	Internet E-Mail Address:				
	Internet Website Address:				

10. Partnership (continued)

Form PSC/CMU-32 (02/99))			
Required by Commission	Rule Nos.	25-24.510	æ	25-24.511
File Name: cmu-32.doc				

	N/A
2.	Name:
	Title:
	Address:
	City/State/Zip:
	Telephone No.:Fax No.:
	Internet E-Mail Address:
	Internet Website Address:
Who	will serve as liaison to the Commission with regard to the following?
1.	The application:
	Name: <u>Renee</u> A. Brandner
	Title: Director of Legal Affairs Crescent Telephone Company In
	Address: 6 Nevada Drive Building C
	City/State/Zip: Lake Success New York 11042
	Telephone No.: (516)326-2540 Fax No.: (516) 437-0807
	Internet E-Mail Address:rbrandner @ crescenttel.com
	Internet Website Address:///A
2.	Official Point of Contact for ongoing company operations including complaints and inquiries:
	Name: <u>Anthony</u> M. Scalice
	Title: President and CEO Crescent Telephone Company, Inc.
	Address: 6 Nevada Drive Building C
	City/State/Zip: Late Success New York 11042
	City/State/Zip: <u>Late Success</u> New York 11042 Telephone No.: (516)326-2540 Fax No.: (516) 437-0807
	Internet E-Mail Address: <u>Iscalice @ Crescenttel.com</u>
	Internet Website Address://A

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511 File Name: cmu-32.doc

•

٠

.

11.

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.

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.

. .

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511 File Name: cmu-32.doc

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

New York, New Jersey, Pennsylvania, Maryland Connecticut, Delaware Has applications pending to be certified as a pay telephone provider. 2. None. Has been denied authority to operate as a pay telephone provider. Explain 3. circumstances. None. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances. 4. None.

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

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: <u>μρριοχίματεί μο</u>οο

•

18. How does the applicant intend to service and maintain each payphone? Check (\checkmark) 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. (V) Yes () No Explain:
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.
	(*) 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 <u>two and one-half percent</u> on all intra- and interstate business.
- 3. SALES TAX: I understand the a <u>seven percent</u> 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:	An 1
<u>Anthony</u> Print Name	M. Scalice	Signature
Presid Title	ent and (EO	March 22, 2002 Date
$\frac{(516)}{\text{Telephone N}}$		<u>(516) 437-0807</u> Fax No.
Address:	Crescent Telephone 6 Nevada Drive Lake Success N	Company, Inc. Building C Iew York 11042
		· · · · · · · · · · · · · · · · · · ·

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:

President and CEO

Signature

Date

Title

326-2540

Telephone No.

Address:

Crescent lelephone Company

****APPLICANT ACKNOWLEDGMENT****

Crescent Telephone Company, Inc. Applicant:

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

thony M. Scalice

<u>President and CEO</u> tle Title

(_____ Signature

March Date

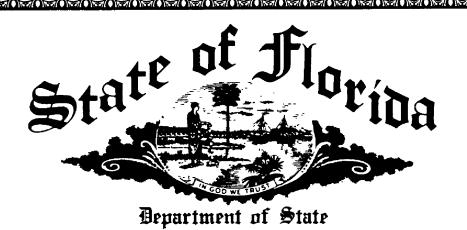
(516) 437-0807 Fax No

Telephone No.

Address:

Crescent Telephone Company, Inc. 6 Nevada Drie Building C Lake Success, New York 11042

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND AS PART OF THE APPLICATION BEFORE RETURNED THE **CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT** IN A DELAY OF THE CERTIFICATE BEING ISSUED.



I certify the attached is a true and correct copy of the application by CRESCENT TELEPHONE COMPANY, INC., a Delaware corporation, authorized to transact business within the State of Florida on March 12, 2002 as shown by the records of this office.

The document number of this corporation is F02000001258.



CR2EO22 (1-99)

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twelfth day of March, 2002

Katherine Harris

Katherine Harris Secretary of State

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION FOR TRANSAC BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

I.	1. <u>Crescent Telephone</u> Company, Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	i He
2.	2. <u>Delaware</u> (State or country under the law of which it is incorporated) 3. <u>11-3505928</u> (FEI number, if applicable)	
	4. <u>August 10, 1999</u> 5. <u>Perpetual</u> (Date of incorporation) 5. <u>Derpetual</u> (Duration: Year corp. will cease to exist or "perpet	ual")
6.	6. <u>Upon</u> <u>gualification</u> (Date first transacted business in Florida, If corporation has not transacted business in Florida, insert "upon qualifica (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	tion.")
7. <u></u>	7. 6 Nevada Drive Building C, Lake Success, New York 110 (Principal office address)	
	<u>6 Nevada Drive, Building C, Latte Success, New York 110</u> (Current mailing address)	42
8.	8. <u>Ho provide telecommunication services</u> (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9.). Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	Name: United Corporate Services Inc.	
01	Office Address: <u>9200 South Dadeland Boulevard</u> , Suite 508	
	(City), Florida 33/56 (Zip code)	
	(City) (Zip code)	

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

tered agent's signature) ent ſ

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

n L n n

12. Names and business addresses of officers and/or directors:

Ł

<u>``</u>}

1

A. DIRECTORS				
Chairman: N/A				
Address:	THE SECOND			
	ELE IN TI			
Director Joel L. Klein	ASSE 12			
Address: <u>6 Nevada Drive Building C</u>	E F PR			
Lake Success, New York 11042	ORITE H			
Director:Anthony M. Scalice	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Address: <u>6 Nevado Drive Building C</u>	······································			
Lake Success, New York 11042				
Director: Charles Macaluso				
Address: <u>6 Nevada Drive</u> , Building C				
Lake Success New York 11042				
B. OFFICERS				
President: <u>Anthony M. Scalice</u>				
Address: <u>6 Nevada Drive, Building C</u>				
Latre Success, New York 11042				
Vice President: <u>Charles Macaluso</u>				
Address: _ 6 Nevadu Drive Ruilding C				
Lake Success, New York 11042	····			
Scoretary: Joel L. Klein	·			
Address: 6 Nevada Drive, Building C. Lake Success N	en York 11042			
Treasurer:N/A				
Address:				
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.				
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	of the application)			
14. <u>Anthony M. Scalice President and CEO</u> (Typed or printed name and capacity of person signing application)	· · · · · · · · · · · · · · · · · · ·			



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 12, 2002

CAPITOL SERVICES

TALLAHASSEE, FL

Qualification documents for CRESCENT TELEPHONE COMPANY, INC. were filed on March 12, 2002 and assigned document number F02000001258. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

The certification you requested is enclosed.

A corporation annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Foreign Qualification/Tax Lien Section.

Buck Kohr Corporate Specialist Division of Corporations

· , ,†

Letter Number: 002A00014888