



ZONE TELECOM, INC.

ORIGINAL

Woodland Falls Corporate Park
200 Lake Drive East, Suite 200
Cherry Hill, NJ 08002
Phone: 856-667-2550 • Fax: 856-667-2551
www.ZoneLD.com

030463-TX CK 200920
\$250.00
MC

DEPOSIT DATE

D 3 5 3 JUN 0 2 2003

May 22, 2003

**Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850**

**Re: Zone Telecom, Inc. Application to Provide Alternative
Local Exchange Service**

Dear Sir or Madam:

Enclosed please find an original and seven copies of our application to provide Alternative Local Exchange Service within the state of Florida.

Also enclosed is the appropriate non-refundable application fee in the amount of \$250.00.

Kindly acknowledge receipt of this filing by returning, file stamped, the extra copy of this cover letter in the self addressed stamped envelope provided for that purpose.

Questions regarding this filing may be directed to Jill Papenhausen at (856) 414-6892 or (813) 843-9857.

Sincerely,

Michael G. Bonaventure

Michael G. Bonaventure, CPA
Accounting Manager

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC
- OTH _____

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:

LM

03 MAY 29 AM 9:40

STATE-BOARD OF PROFESSIONAL ACCOUNTANTS
DISTRIBUTION CENTER

4852 MAY 30 8

FPSC-COMMISSION CLERK

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

DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION

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:

Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
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 Competitive Markets and Enforcement
Certification
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

03 MAY 29 AM 9:40
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