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**ABI Network Solutions, Inc.**

**Application for Certificate of Authority to Provide**

ALTERNATIVE ACCESS VENDOR SERVICE  
WITHIN THE STATE OF FLORIDA

## 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:**

American Broadband, Inc.

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

ABI Network Solutions, Inc.

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

Physical Address: 618 Azalea Rd  
Mobile, AL 36609

Mailing Address: PO Box 91064  
Mobile, AL 36691

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

Not Applicable

**6. Structure of organization:**

- |   |  |
|---|--|
| <input type="checkbox"/> Individual                     | <input type="checkbox"/> Corporation         |
| <input checked="" 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:**

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:**

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

(a) The Florida Secretary of State corporate registration number:  
F03000005483

A copy of the certificate from the Department of State demonstrating that ABI Network Solutions is authorized to conduct business in the State of Florida is attached.

**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:

ABI Network Solutions, Inc. is incorporated in Alabama as American Broadband, Inc. Due to a naming conflict American Broadband, Inc. is registered in the State of Florida under the name ABI Network Solutions, Inc. This fact is indicated in the attached certificate of registration.

**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:

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):**

01-0637548

15. **Provide the following (if applicable):**

(a) **Will the name of your company appear on the bill for your services?**  
 Yes       No

(b) **If not, who will bill for your services?**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

(c) **Who will the billed party contact to ask questions about the bill?**

**Name:** Paul Bullington

**Telephone Number:** (251) 662-1170

(d) **How is this information provided?**

This information is provided with each contract for service.

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

(a) **The application:**

Name: Paul Bullington  
Title: Chief Financial Officer  
Address: PO Box 91064  
City/State/Zip: Mobile, AL 36691

Telephone No.: (251) 662-1170 Fax No.: (251) 662-1297  
Internet E-Mail Address: pbullington@abinetworksolutions.com  
Internet Website Address: www.abinetworksolutions.com

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

Name: A. Stephen John  
Title: President  
Address: PO Box 91064  
City/State/Zip: Mobile, AL 36691  
Telephone No.: (251) 662-1170 Fax No.: (251) 662-1297  
Internet E-Mail Address: sjohn@abinetworksolutions.com  
Internet Website Address: www.abinetworksolutions.com

(c) Complaints/Inquiries from customers:

Name: Herb Myers  
Title: Director of Engineering  
Address: PO Box 91064  
City/State/Zip: Mobile, AL 36691  
Telephone No.: (251) 662-1170 Fax No.: (251) 662-1297  
Internet E-Mail Address: hmyers@abinetworksolutions.com  
Internet Website Address: www.abinetworksolutions.com

**17. List the states in which the applicant:**

(a) has operated as an Alternative Access Vendor.

None

(b) has applications pending to be certificated as an Alternative Access Vendor.

None

(c) is certificated to operate as an Alternative Access Vendor.

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. 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.

***Not Applicable***

- (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 following individuals are owners/officers in ABI Network Solutions, Inc., as well as Southern Light, LLC, which is certified as an AAV and a ALEC by the State of Florida Public Service Commission.

Andrew M. Newton – President and owner, Southern Light, LLC  
CEO and owner, ABI Network Solutions, Inc.

Eric R. Daniels – Chief Operating Officer, Southern Light, LLC  
Chief Operating Officer, ABI Network Solutions, Inc.

Paul E. Bullington – Chief Financial Officer, Southern Light, LLC  
Chief Financial Officer, ABI Network Solutions, Inc.

**19. The applicant will provide the following AAV services (check all that apply):**

- a.  Intraexchange private line service to an affiliate.
- b.  Interexchange private line service to an affiliate.
- c.  Special access as part of a private line dedicated service.
- d.  Special access to an IXC switched network.
- e.  Private line services (Channel Services)
  - DS-0, 64 Kb/s
  - DS-1, 1.54 Mb/s
  - DS-2, 6.31 Mb/s
  - DS-3, 44.76 Mb/s




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.
- 5. RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to my provision of alternative access vendor service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.

UTILITY OFFICIAL:

Paul E. Bullington  
Print Name

  
Signature

Chief Financial Officer  
Title

11/06/03  
Date

(251) 662-1170  
Telephone No.

(251) 662-1297  
Fax No.

Address: P.O. Box 91064  
Mobile, AL 36691


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UTILITY OFFICIAL:

Paul E. Bullington  
Print Name

  
Signature

Chief Financial Officer  
Title

11/06/03  
Date

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Telephone No.

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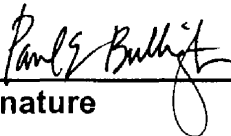
**AFFIDAVIT**

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 access vendor 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:**

Paul E. Bullington  
Print Name

  
Signature

Chief Financial Officer  
Title

11/06/03  
Date

(251) 662-1170  
Telephone No.

(251) 662-1297  
Fax No.

Address: P.O. Box 91064

Mobile, AL 36691

SERVICE AREA NETWORK

1. **CURRENT FLORIDA INTRASTATE SERVICES:** Applicant has ( ) or has not (XXX) previously provided intrastate telecommunications in Florida. If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

\_\_\_\_\_  
\_\_\_\_\_

b) If the services are not currently offered, when were they discontinued?

\_\_\_\_\_  
\_\_\_\_\_

UTILITY OFFICIAL:

Paul E. Bullington  
Print Name

*Paul E. Bullington*  
Signature

Chief Financial Officer  
Title

11/06/03  
Date

(251) 662-1170  
Telephone No.

(251) 662-1297  
Fax No.

Address: P.O. Box 91064  
Mobile, AL 36691



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 4, 2003

PAUL E. BULLINGTON  
AMERICAN BROADBAND, INC.  
P.O. BOX 91064  
MOBILE, AL 36691

Qualification documents for AMERICAN BROADBAND, INC. doing business in Florida as ABI NETWORK SOLUTIONS, INC. were filed on October 29, 2003 and assigned document number F03000005483. 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.

Lee Rivers  
Document Specialist  
Division of Corporations

Letter Number: 603A00060007

# State of Florida



## Department of State

I certify from the records of this office that AMERICAN BROADBAND, INC. doing business in Florida as ABI NETWORK SOLUTIONS, INC., is a corporation organized under the laws of Alabama, authorized to transact business in the State of Florida, qualified on October 29, 2003.

The document number of this corporation is F03000005483.

I further certify that said corporation has paid all fees due this office through December 31, 2003, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Fourth day of November, 2003



CR2EO22 (2-03)

*Glenda E. Hood*  
Glenda E. Hood  
Secretary of State