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COMMISSION
CLERK

210 N. Park Ave.
Winter Park, FL
32789

December 19, 2003
Via Overnight Delivery

P.O. Drawer 200
Winter Park, FL
32790-0200

Ms. Blanco Bayo, Director
Division of the Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0870

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

RE: Initial Application of Public Communications Services, Inc. for Authority to Provide Pay Telephone Service within the State of Florida

Dear Ms. Bayo:

Enclosed for filing are an original and six (6) copies of the above-referenced application of Public Communications Services, Inc. for authority to provide pay telephone service within the state of Florida. Also enclosed, please find a check in the amount of \$100h for the filing fee.

Please acknowledge receipt of this filing by returning, filed stamped, the extra copy of this letter in the self-addressed stamped envelope that id provided for this purpose. You can reach me at 407-740-8575 or via email at mbyrnes@tminc.com with any questions, comments or correspondence regarding this application. Thank you for your assistance.

Sincerely,

Monique Byrnes,
Consultant to
PublicCommunications Services, Inc.

MB/lk

cc: Tommie Joe, PCS
file: PCS - FL
tms: 5497FLP0301

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

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

Initials of person who forwarded check

03 DEC 22 AM 10:14

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DOCUMENT NUMBER-DATE

13278 DEC 22 3

FPSC-COMMISSION CLERK

PUBLIC COMMUNICATIONS SERVICES, INC.

**CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS
WITHIN THE STATE OF FLORIDA**



FLORIDA DEPARTMENT OF STATE

Glands B. Hood
Secretary of State

November 19, 2003

PUBLIC COMMUNICATIONS SERVICES, INC.
11859 WILSHIRE BLVD, STE 600
LOS ANGELES, CA 90025

Qualification documents for PUBLIC COMMUNICATIONS SERVICES, INC. were filed on November 19, 2003 and assigned document number F03000005806. 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.

This document was electronically received and filed under FAX audit number E03000320960.

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.

Trevor Brumbley
Document Specialist
Division of Corporations

Letter Number: 203A00062911

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

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

Instructions

This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.

Print or type all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 **must** be completed and signed.

Use a separate sheet for each answer which will not fit within the allotted space.

Once completed, submit the original and two (2) copies of this form and a non-refundable **application fee of \$100.00** 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**

1. Name of company or name of individual (not fictitious name or d/b/a):

Public Communications Services, Inc.

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

Public Communications Services, Inc.

3. Official mailing address:

**11859 Wilshire Boulevard, Suite 600
Los Angeles, California 90025**

4. Florida address:

NOT APPLICABLE

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State: H03000320960

Corporate Registration Number: 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:

Florida Fictitious Name

Registration Number: not applicable

7. F.E.I. Number (if applicable): **88-0336762**

8. If individual, provide:

NOT APPLICABLE

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

NOT APPLICABLE

1. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

2. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

1. The application:

**Monique Byrnes
Consultant to Public Communications Services, Inc.
Technologies Management, Inc.
210 N. Park Avenue
Winter Park, Florida 32789
(407) 740-8575
mbyrnes@tminc.com**

2. Official Point of Contact for ongoing company operations including complaints and inquiries:

**Tommie Joe
Public Communications Services, Inc.
11859 Wilshire Boulevard, Suite 600
Los Angeles, California 90025
Phone: 310-954-3037
Fax: 310-954-2118
Toll-Free: 888-288-9879
E-Mail: tommie.joe@teampcs.com**

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 subsidiary, partner, officer, director or stockholder has been previously adjudged bankrupt, mentally incompetent or found guilty of any felony or of any crime.

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.

A separate entity with the same ownership as Public Communications Services, Inc., Public Payphone U.S.A., d/b/a Public Communications Services, Inc. currently holds a pay telephone certificate in Florida. This entity is being dissolved. All contracts and services will be transferred to Public Communications Services, Inc.

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.

Please see response to question 13.

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

Alabama, Arizona, California, Colorado, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, New York, Oklahoma, Texas, Vermont, Washington and Wisconsin

2. Has applications pending to be certified as a pay telephone provider.

None

3. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

PCS has never been denied authority to operate as a reseller in any of the states to which it has applied.

4. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

There have been no formal complaints or other investigatory or enforcement proceedings involving the business operations of the Applicant or any of its officers, directors, shareholders, or principals.

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

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER -Describe: **Public Communications Services, Inc. also proposes to offer automated collect-only long distance services for inmates of confinement institutions.**

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year:

PCS will offer service to confinement institutions in the State of Florida and will assume the contract for the Volusia County Jail. The company does not have an estimate of instruments at this time.

18. How does the applicant intend to service and maintain each payphone? Check () all that apply.

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe)

Pay telephone service will be provided only to confinement institutions for the purpose of providing collect calling service to the inmate population. Service is provided under contract with the institution and includes provisions for the company to handle service and maintenance of pay telephone equipment.

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.

Yes
 No Explain: _____

The company will only offer pay telephone service to confinement institutions and is restricted from allowing inmates of such institutions from utilizing the dialing patterns listed above by the contract of the institution. Inmates will have access to the long distance carrier selected by the institution, will be prohibited from accessing toll free and dial-around numbers.

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.

Yes
 No Explain: _____

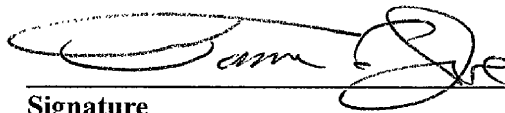
Yes, handicap accessibility of pay telephones provided to inmates will be subject to the requirements of the institution's administration.

****APPLICANT FEE 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. APPLICATION FEE: I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

UTILITY OFFICIAL:

Tommie E. Joe



Signature

Chief Operating Officer

Date

310-954-3037

Telephone No.

1-310-954-2118

Fax No.

Address:

11859 Wilshire Boulevard, Suite 600
Los Angeles, California 90025

****ACKNOWLEDGMENT****

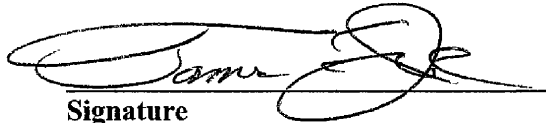
By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable 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, AWhoever 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:

Tommie E. Joe


Signature

Chief Operating Officer

12/15/03

Date

310-954-3037

Telephone No.

1-310-954-2118

Fax No.

Address:

11859 Wilshire Boulevard, Suite 600
Los Angeles, California 90025

**** APPLICANT ACKNOWLEDGMENT ****

Applicant: _____

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

Tommie E. Joe


Signature

Chief Operating Officer

12/15/03

Date

310-954-3037

Telephone No.

1-310-954-2118

Fax No.

Address:

11859 Wilshire Boulevard, Suite 600
Los Angeles, California 90025

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