



Case Assignment and Scheduling Record

Section 1 - Bureau of Records and Hearing Services Completes

Docket No. 030516-TI Date Docketed: 06/10/2003 Title: Application for certificate to provide interexchange telecommunications service by SkyNET Telesystems LLC d/b/a SkyNET Telesystems.  
 Company: SkyNET Telesystems LLC d/b/a SkyNET Telesystems

Official Filing Date: \_\_\_\_\_  
 Last Day to Suspend: \_\_\_\_\_ Expiration: \_\_\_\_\_

Referred to: \_\_\_\_\_  
 ("()") indicates OPR) AUS CAF CCA (CMP) ECR EXT GCL MMS PIF  
 \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

Section 2 - OPR Completes and returns to CCA in 10 workdays. Time Schedule

Program/Module B1(a)

Staff Assignments

OPR Staff T McCoy \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff Counsel V McKay \_\_\_\_\_  
 \_\_\_\_\_  
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OCRs ( ) \_\_\_\_\_  
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Recommended assignments for hearing and/or deciding this case:

Full Commission X Commission Panel \_\_\_\_\_  
 Hearing Examiner \_\_\_\_\_ Staff \_\_\_\_\_

Date filed with CCA: 06/18/2003

Initials: OPR \_\_\_\_\_  
 Staff Counsel \_\_\_\_\_

**WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT. IT IS TENTATIVE AND SUBJECT TO REVISION. FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770**  
 Current CASR revision level

0

|                                    | <u>Due Dates</u> |            |
|------------------------------------|------------------|------------|
|                                    | Previous         | Current    |
| 1. Staff Recommendation            | NONE             | 09/04/2003 |
| 2. Agenda                          | NONE             | 09/16/2003 |
| 3. PAA Order - Close if No Protest | NONE             | 10/06/2003 |
| 4. _____                           |                  |            |
| 5. _____                           |                  |            |
| 6. _____                           |                  |            |
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| 38. _____                          |                  |            |
| 39. _____                          |                  |            |
| 40. _____                          |                  |            |

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

| Commissioners |    |    |    |    |    | Hrg. Exam. | Staff |
|---------------|----|----|----|----|----|------------|-------|
| ALL           | JB | DS | BZ | BD | DV |            |       |
| X             |    |    |    |    |    |            |       |

- Prehearing Officer

| Commissioners |    |    |    |    | ADM |
|---------------|----|----|----|----|-----|
| JB            | DS | BZ | BD | DV |     |
|               |    |    |    |    | X   |

Where panels are assigned the senior Commissioner is Panel Chairman; the identical panel decides the case.  
 Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved: *[Signature]*  
 Date: 06/18/2003

*C*

STATE OF FLORIDA

COMMISSIONERS:  
LILA A. JABER, CHAIRMAN  
J. TERRY DEASON  
BRAULIO L. BAEZ  
RUDOLPH "RUDY" BRADLEY  
CHARLES M. DAVIDSON



DIVISION OF THE COMMISSION CLERK &  
ADMINISTRATIVE SERVICES  
BLANCA S. BAYÓ  
DIRECTOR  
(850) 413-6770 (CLERK)  
(850) 413-6330 (ADMIN)

# Public Service Commission

June 11, 2003

Thomas C. Hitchens  
SkyNET Telesystems LLC  
Post Office Box 6888  
Sprint Hill, Florida 34611

Re: Docket No. 030516-TI

Dear Mr. Hitchens:

This will acknowledge receipt of an application for certificate to provide interexchange telecommunications service by SkyNET Telesystems LLC d/b/a SkyNET Telesystems, which was filed in this office on June 10, 2003, and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6248 or FAX (850) 413-7180.

Please note as well that Commission Rule 25-22.005(7), F.A.C., requires certificate companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of the Commission Clerk and Administrative Services  
Florida Public Service Commission



STATE OF FLORIDA

COMMISSIONERS:  
LILA A. JABER, CHAIRMAN  
J. TERRY DEASON  
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## Public Service Commission

November 13, 2003

030000

Thomas C. Hitchens  
SkyNET Telesystems LLC d/b/a SkyNET Telesystems  
P. O. Box 6888  
Spring Hill, FL 34611-6888

Re: Docket 030516 - Acknowledgment of registration as intrastate interexchange telecommunications company effective June 10, 2003, by SkyNET Telesystems LLC d/b/a SkyNET Telesystems

Dear Mr. Hitchens:

The Division of the Commission Clerk and Administrative Services received a check for the amount of \$250.00 on June 10, 2003 from SkyNET Telesystems LLC d/b/a SkyNET Telesystems. The payment was the filing fee for registration as an intrastate interexchange telecommunications company. However, pursuant to the Tele-Competition Innovation and Infrastructure Enhancement Act, which took effect on May 23, 2003, no filing fee is required when an IXC company registers with the Florida Public Service Commission. Therefore, a refund will be made to your firm. Enclosed please find the Application for Refund. Please sign and date the application and return it to us at your earliest convenience.

Thank you very much for your assistance in this matter. Please feel free to contact us at 850-413-6770 if you have any questions or need further assistance.

Sincerely,

A handwritten signature in cursive script that reads "Kay Flynn".

Kay Flynn, Chief  
Bureau of Records and Hearing Services

Enclosure

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

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Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section 367.071(3)\*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: SkyNET Telesystems LLC d/b/a SkyNET Telesystems FEIN or SS No 94-3418858

Address: P. O. Box 6888, Spring Hill, FL 34611-6888

Amount: \$250.00 Date Paid June 10, 2003

Reason for Claim: The payment is the filing fee for SkyNET Telesystems LLC d/b/a SkyNET Telesystems' registration as an intrastate interexchange telecommunications company. Pursuant to the Tele-Competition Innovation and Infrastructure Enhancement Act, which took effect on May 23, 2003, no filing fee is required when an IXC company registers with the Public Service Commission.

CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

\*\*\*\*\*

(FOR AGENCY USE ONLY)

Agency recommends approval of the above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 250.00

The amount requested above was originally deposited into the State treasury as a part of the funds deposited on State Treasurer's Receipt No. \_\_\_\_\_ dated \_\_\_\_\_.

NAME OF ACCOUNT: \_\_\_\_\_

| ACCOUNT CODE |  |  |  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|--|--|
|              |  |  |  |  |  |  |  |  |  |  |  |

Statutory Authority for Collection: \_\_\_\_\_

It is requested that payment be made from the following account:

NAME OF ACCOUNT: \_\_\_\_\_

| ACCOUNT CODE |  |  |  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|--|--|
|              |  |  |  |  |  |  |  |  |  |  |  |

CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Florida Public Service Commission  
Agency

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Title