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COMMISSION CLERK



210 N. Park Ave.
Winter Park, FL
32789

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

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

February 11, 2004
Via Overnight

Blanco S. Bayo
Division of the Commission Clerk
and Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Pat Lee
Division of Competitive Markets
and Enforcement
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

**RE: ACN Communication Services, Inc.
TRO Information Request**

030851-TP
030852-TP

Dear Ms. Bayo and Ms. Lee:

Please accept this letter and one (1) copy, on behalf of ACN Communication Services, Inc. "ACN"), in response to the Information Request issued by Staff regarding implementation of the FCC's Triennial Review Order.

ACN offers local exchange service via UNE-P. The company does not own or lease switching equipment and has no information to provide in this inquiry.

Attached please find responses to the first 9 General questions.

Please acknowledge receipt of this filing by date stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for this purpose. Any questions you may have regarding this filing may be directed to my attention at (407) 740-8575 or via email at mbyrnes@tminc.com.

Thank you for your assistance.

RECEIVED & FILED

Sincerely,


FPSC-BUREAU OF RECORDS



Monique Byrnes
Consultant to
ACN Communication Services, Inc.

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

1 copy to each docket.

cc: D. Gonos - ACN
file: ACN - FL Local
tms: fl TRO 1

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK

1. The FPSC code refers to your company's certificate number as registered with FPSC. This number is available from the FPSC website and should appear on the address label on the envelope in which this was mailed.

TX 707

2. Your company name as it appears on your provider's certificate and appears on the address label on the envelope in which this was mailed.

ACN Communication Services, Inc.

3. OCN refers to your LERG company code.

986A

4. The OCN NAME refers to your company's name in the LERG.

ACN Communication Services, Inc.

5. CATEGORY refers to the type of calling according to the IERG, such as CLEC or WIRELESS.

CLEC

6. AOCN refers to the administrative company code according to the LERG.

350A

7. AFFILIATIONS refer to any other companies with whom your company might have affiliations. Please list the FPSC CODE and separate each new company in a new column.

Not applicable.

8. DBA NAMES refer to other names of your company by which you are also known. Different names should be placed in additional columns.

Not applicable.

9. If you do not provide service or are providing service only via resale in Florida, please enter "No Service" stop here and return this information.

ACN Communication Services, Inc. provides local exchange service via UNE-P. The company does not own or lease switching equipment, does not have collation arrangements, or provide high capacity services.

AFFIDAVIT

By my signature below, I, DANIEL F. GONOS, attest to the accuracy of the information contained herein and the attached documents. I have reviewed 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 _____.

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."

DANIEL F. GONOS
Print Name

Daniel F. Gonos
Signature

SENIOR REGULATORY ANALYST
Title

2/10/2004
Date

248-699-3517
Telephone No.

509-562-1358
Fax No.

ACN COMMUNICATION SERVICES, INC.
Utility

Address: 32991 HAMILTON COURT
FARMINGTON HILLS MI 48334

STATE OF Michigan
COUNTY OF Wayne

Sworn to (or affirmed) and subscribed before me this 10 day of May, 2004, by _____

Lisa M. Lezotte
(Signature of Notary Public)
LISA M. Lezotte
(Name of Notary Typed, Printed, or Stamped)

(NOTARY SEAL)

Personally Known X OR Produced Identification _____ Type of Identification Produced _____