



ORIGINAL

040468-TC

RECEIVED: FPSC

MAY 18 AM 10:52

COMMISSION CLERK

210 N. Park Ave.
Winter Park, FL
32789

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

May 17, 2004
Via Overnight Delivery

Ms. Blanca Bayo, Director
Division of 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: Application Form for Certificate to Provide Pay Telephone Service within the State of Florida for Waterville Communications

Dear Ms. Bayo:

Enclosed for filing are the original and six (6) copies of the above-referenced application filed on behalf of Waterville Communications.

Also enclosed is a check in the amount of \$100.00 to cover 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. I may be reached 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
Waterville Communications

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

Initials of person who forwarded check

MB/mg
cc: L.Barone-Waterville
file: Waterville - FL
tms: 7202FLp0400

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

04 MAY 18 AM 9:54

DISTRIBUTION CENTER DOCUMENT NUMBER-DA

05673 MAY 18

FPSC-COMMISSION CLERK

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

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

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

Instructions

- * This form is used for an original application for a 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 non 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 Boulevard
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 Boulevard
Tallahassee, Florida 32399-0850
(850) 413-6600

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

Waterville Communications

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

✧ Waterville Communications (“Waterville”)

3. Official mailing address:

Street: 7514 Girard Avenue, Suite 1 #344
City: La Jolla
State & Zip: California 92037

4. Florida Address:

Name: NRAI Services, Inc. (National Registered Agents, Inc.)
Street: 526 E. Park Avenue
City: Tallahassee
State & Zip: Florida, 32301

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other:

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

Not Applicable. The Company is a California Corporation.

Florida Secretary of State
Corporate Registration Number: F04000002384

7. 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.

8. F.E.I. Number (if applicable): 56-2362990

9. If individual, provide: Not Applicable. Waterville is a corporation.

Name:
Title:
Address:
City, State, Zip:
Phone: Fax:
Internet E-Mail:
Internet Website:

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement: Not Applicable. Waterville is a corporation.

1. Name:
Title:
Address:
City, State, Zip:
Phone: Fax:
Internet E-Mail:
Internet Website:

2. Name:
Title:
Address:
City, State, Zip:
Phone: Fax:
Internet E-Mail:
Internet Website:

11. Who will serve as liaison to the commission with regard to the following:

1. The application:

Name: Monique Byrnes, Consultant to
Title: Waterville Communications
Company: Technologies Management, Inc.
Address: 210 N. Park Avenue
City, State, Zip: Winter Park, FL 32789
Phone: 407-740-8575
Fax: 407-740-0613
Internet E-Mail: mbyrnes@tminc.com
Internet Website: www.tminc.com

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

Name: Lisa Barone
Title: Vice President of Operations
Company: Waterville Communications
Address: 7514 Girard Avenue, Suite 1 #344
City, State, Zip: La Jolla, California 92037
Phone: 760-736-8822
Fax: 760-736-8802
Internet E-Mail: lbarone9@cox.net
Internet Website: www.cox.net

- 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.**

Not Applicable. The Company has not had any officers, directors or stockholders previously adjudged bankruptcy, mentally incompetent, or found guilty of any felony or of any crime.

If so, provide explanation:

- 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.**

No.

- 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.**

No.

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

No, not at this time. The Applicant is in the beginning stages of filing applications on nationwide basis.

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

Not at this time.

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

No.

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

No.

16. Please check the services that will be provided:

- | | |
|-------------------|--|
| Local | <input type="checkbox"/> |
| Long Distance | <input type="checkbox"/> |
| Coin | <input type="checkbox"/> |
| Calling Card | <input type="checkbox"/> |
| Credit Cards | <input type="checkbox"/> |
| Other, (describe) | <input checked="" type="checkbox"/> Customer Owned Coin Operator Telephone Service |

Waterville Communications service provides customer owned coin operated telephones to be placed at aggregator locations for use by the transient public.

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

The Company currently plans on installing approximately 35-50 pay telephones during its first year.

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)

On-site repairs, such as replacement of telephone instruments or handsets, are performed by a local telecommunications firm chosen by Waterville. This subcontractor is carefully selected based on its technical expertise and ability to respond to trouble calls.

Intera-NSC Communications manages the payphone in Florida. They are a national management/maintenance company.

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:

☞ Pay telephones available to the general public will allow the user to access all locally available long distance carriers.

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, for pay telephones available to the general public. Handicap accessibility of pay telephones will be provided to customers.

****APPLICANT FEE/TAX 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:



Lisa Barone, Vice President of Operations

5.12.2004

Date:

Phone: 760-736-8822

Fax: 760-736-8802

Waterville Communications
7514 Girard Avenue, Suite 1 #344
La Jolla
California 92037


****ACKNOWLEDGMENT****

By my signature below, I, the undersigned 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, "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:



Lisa Barone, Vice President of Operations



Date:

Phone: 760-736-8822

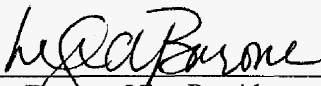
Fax: 760-736-8802

Waterville Communications
7514 Girard Avenue, Suite 1 #344
La Jolla
California 92037

****APPLICANT ACKNOWLEDGMENT****

Applicant: Waterville Communications

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



Lisa Barone, Vice President of Operations

5.12.2004
Date:

Phone: 760-736-8822

Fax: 760-736-8802

Waterville Communications
7514 Girard Avenue, Suite 1 #344
La Jolla
California 92037

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.

ATTACHMENT I

Waterville Communications

Certificate of Authority
to transact business within the State of Florida

&

Articles of Incorporation



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 3, 2004

CORPORATE ACCESS

TALLAHASSEE, FL

Qualification documents for WATERVILLE COMMUNICATIONS, INC. were filed on April 30, 2004 and assigned document number F04000002384. 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.

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.

Buck Kohr
Document Specialist
Division of Corporations

Letter Number: 404A00029966

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Waterville Communications, Inc.

(Enter name of corporation; must in "Inc., "Co., "Corp., "Inc., "Co., or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

(State or country under the law of which it is incorporated)

3. 56-2362990

(FEI number, if applicable)

4. May 29, 2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 7514 Girard Avenue, Suite 1 #344, La Jolla, CA 92037

(Principal office address)

P.O. Box 2229, San Marcos, CA 92079-2229

(Current mailing address)

8. Pay phone service provider

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: **NRAI Services, Inc.**

Office Address: **526 E. Park Avenue**

Tallahassee

(City)

, Florida **32301**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

By: *Sue Brodtman*

(Registered agent's signature) *Sue Brodtmann, asst. secretary*

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

FILED
04 APR 30 PM 12:19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **Michael Barone**

Address: **7514 Girard Avenue, Suite 1 #344**

La Jolla, CA 92037

Director: **David Thatcher**

Address: **7514 Girard Avenue, Suite 1 #344**

La Jolla, CA 92037

B. OFFICERS

President: **Michael Barone**

Address: **7514 Girard Avenue, Suite 1 #344**

La Jolla, CA 92037

Vice President: **David Thatcher- Chief Financial Officer**

Address: **7514 Girard Avenue, Suite 1 #344**

La Jolla, CA 92037


Secretary: _____

Address: _____

Treasurer: _____

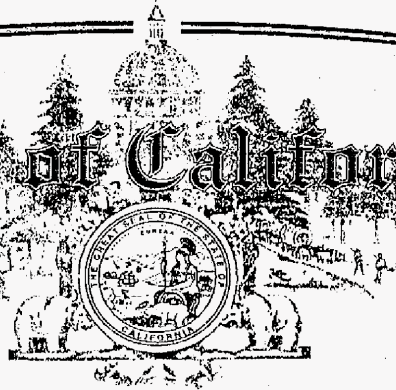
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. **Michael Barone, President**
(Typed or printed name and capacity of person signing application)

State of California



SECRETARY OF STATE

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

DEC 29 2003



Kevin Shelley
Secretary of State

2296298

ARTICLES OF INCORPORATION
OF
WATERVILLE COMMUNICATIONS

FILED
In the office of the Secretary of State
of the State of California

MAY 23 2003

Kevin Shelley
KEVIN SHELLEY, SECRETARY OF STATE

ARTICLE ONE

The name of this corporation is: Waterville Communications.

ARTICLE TWO

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

ARTICLE THREE

The name and address in the State of California of this corporation's initial agent for service of process are: Mike Barone, 6030 Waverly Avenue, La Bolla, California 92037.

ARTICLE FOUR

The total number of shares that this corporation is authorized to issue is one hundred thousand (100,000), all of the same class, no par value, designated as "Common Stock".

ARTICLE FIVE

The liability of the directors of this corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.

ARTICLE SIX

The corporation is authorized to provide indemnification of agents (as defined in California Corporations Code section 317) for breach of duty to the corporation and its shareholders through bylaw provisions or through agreements with the agents, or both, in excess of the indemnification otherwise permitted by Corporations Code section 317, subject to the limits on such excess indemnification set forth in California Corporations Code section 204.

The undersigned declares that he has executed these Articles of Incorporation and that this instrument is the act and deed of the undersigned.

Date: May 23, 2003

Michael D. Liuzzi
Michael D. Liuzzi
Incorporator

