



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

DEPOSIT  
D738

ORIGINAL  
DATE  
MAR 26 1998  
March 24, 1998

980437 - TC

Mr. Walter D'Haeseleer  
Florida Public Service Commission  
Division of Communications  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

RE: Application of Metrophone Telecommunications Incorporated for a Certificate to Provide Pay Telephone Service within the State of Florida

Dear Mr. D'Haeseleer:

Enclosed for filing are the original and six (6) copies of the above-referenced application of Metrophone Telecommunications Incorporated.

Also enclosed is a check in the amount of \$100 to cover the filing fee.

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.

Questions regarding this filing may be directed to me at (407) 740-8575.

Sincerely,

Connie Wightman  
Consultant to Metrophone Telecommunications Incorporated

CW/ig.

cc: Amir Heshmatpour - Metrophone  
file: Metrophone - FL  
tms: FLP9800

RECEIVED  
FLORIDA PUBLIC SERVICE COMMISSION  
MAR 26 PM 12:03  
MAIL ROOM  
DOCUMENT NUMBER - DATE  
03612 MAR 26 1998  
FPSC-RECORDS/REPORTING

ORIGINAL

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

For

Certificate to Provide Pay Telephone Service  
Within the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the Application before processing will begin.
- C. Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- D. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- E. Use a separate sheet for each answer which will not fit the allotted space.
- F. If you have any questions about completing the form, contact the Certificate Section at 904\488-1280 or write:

Florida Public Service Commission  
Division of Communications  
101 East Gaines Street  
Tallahassee, Florida 32399-0866

- G. Once completed, the original plus five (5) copies of this form, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission  
Division of Communications  
101 East Gaines Street  
Tallahassee, Florida 32399-0866

**FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION**

**1. LEGAL NAME OF THE APPLICANT**

Metrophone Telecommunications Incorporated

**2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS**

Same

**3. ADDRESS OF THE APPLICANT(S)**

**STREET** 2020 124th Avenue, N.E., Suite C-103  
**CITY** Bellevue  
**STATE & ZIP** Washington 98005

**4. TYPE OF ORGANIZATION (CHECK ONE)**

**A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:**   
**OWN NAME.**

**DOCUMENTATION:** No other documentation needed.

**B. PARTNERSHIP:**

**DOCUMENTATION:** Attach a copy of the partnership agreement, and a list with the name and address of all partners.

**C. CORPORATION:**

**DOCUMENTATION:** Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

See Attachment I.

**NAME** NRAI Services, Inc.

**ADDRESS** 526 East Park Avenue  
Tallahassee, FL 32301

**D. DOING BUSINESS UNDER A FICTITIOUS NAME:**

**DOCUMENTATION:** Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

Not applicable.

5. **PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:**

NAME: Amir F. Heshmatpour  
TITLE: President  
PHONE: (425) 869-7551; FACSIMILE: (425) 869-7710

**For purposes of processing this application, please contact:**

Connie Wightman  
Technologies Management, Inc.  
210 Park Avenue North  
Winter Park, FL 32789  
PHONE: (407) 740-8575; FACSIMILE: (407) 740-0613

6. **HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY CHARGE HOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.**

No.

7. **IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.**

Not applicable.

8. **LIST THE STATES IN WHICH THE APPLICANT:**

A. **IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE**

B. **HAS APPLICATIONS PENDING TO BE CERTIFIED AS A PAY TELEPHONE PROVIDER.**

Metrophone has an application pending in Texas and is in the process of preparing applications for a number of other jurisdictions.

C. **HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.**

None.

D. **HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.**

None.

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARDS
- OTHER, DESCRIBE

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:

At this time, Metrophone has no specific location in Florida where it plans to install service.

11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAY PHONE?

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER, DESCRIBE

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

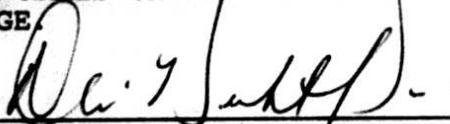
Pay telephones available to the public will allow the user to access all locally available long distance carriers.

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(4), F.A.C.)

Yes.

I, Amir Heshmatpour,

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. I WILL COMPLY WILL ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.



\_\_\_\_\_  
(SIGNATURE OF OWNER/OFFICER OF APPLICANT)

DATE: 3.17.1998

**APPLICANT ACKNOWLEDGEMENT CARD**

Applicant: **Metrophone Telecommunications Incorporated**

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

Signature: \_\_\_\_\_

*[Handwritten Signature]*

Title: **President**

Date: \_\_\_\_\_

*3.17.1998*

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

Attachment I

**Metrophone Telecommunications Incorporated**

Certificate of Authority  
to transact business within the State of Florida



# State of Florida



## Department of State

I certify the attached is a true and correct copy of the application by METROPHONE TELECOMMUNICATIONS INCORPORATED, a Washington corporation, authorized to transact business within the State of Florida on January 20, 1998 as shown by the records of this office.

The document number of this corporation is F98000000334.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twentieth day of January, 1998



CR2EO22 (2-95)

*Sandra B. Northam*

**Sandra B. Northam**  
Secretary of State

# TRANSMITTAL LETTER

To: **Qualification/Tax Lien Section  
Division of Corporations**

SUBJECT: Metropole Telecommunications Incorporated  
(Name of corporation - must include suffix)

FILED  
99 JAN 20 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tina Leland

(Name of Person)

Unisearch, Inc.

(Firm/Company)

101 Capitol Way North, Suite 202

(Address)

Olympia, WA 98501-1077

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Tina Leland

(Name of Person)

at ( 360 ) 956-9500

(Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

# 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. Metrophone Telecommunications Incorporated

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Washington

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. August 1, 1994

(Date of incorporation)

5. Perpetual

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

6. Upon qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2020 - 124th Avenue NE, Suite C-103, Bellevue, WA 98005

(Current mailing address)

FILED  
TALLAHASSEE, FLORIDA  
93 JAN 20 PM 2:22

8. Long distance telecommunication services & Payphone service  
(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

, 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.

Tina Leland

(Registered agent's signature) Assistant Secretary for  
National Registered Agents, Inc.

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

Chairman: Amir Heshmatpour

Address: 2020 - 124th Avenue NE, Suite C-103, Bellevue, WA 98005

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

RECEIVED  
FEB 11 20 11:22  
TALAMON ASSOCIATES  
LLC

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Amir Heshmatpour

Address: 2020 - 124th Avenue NE, Suite C-103, Bellevue, WA 98005

Vice President: \_\_\_\_\_

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

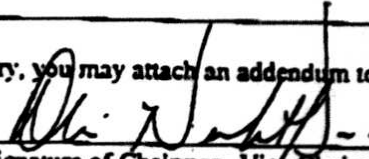
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

3: 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

4: Amir Heshmatpour, President

(Typed or printed name and capacity of person signing application)



**The State of Texas**  
**Secretary of State**

**CERTIFICATE OF AUTHORITY**  
**OF**

**METROPHONE TELECOMMUNICATIONS INCORPORATED**  
**CHARTER NUMBER. 00119079**

**THE UNDERSIGNED, AS SECRETARY OF STATE OF THE STATE OF TEXAS,**  
**HEREBY CERTIFIES THAT THE ATTACHED APPLICATION OF THE ABOVE ENTITY FOR**  
**A CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN THIS STATE HAS BEEN**  
**RECEIVED IN THIS OFFICE AND IS FOUND TO CONFORM TO LAW.**

**ACCORDINGLY THE UNDERSIGNED, AS SUCH SECRETARY OF STATE, AND BY**  
**VIRTUE OF THE AUTHORITY VESTED IN THE SECRETARY BY LAW, HEREBY ISSUES**  
**THIS CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN THIS STATE FROM**  
**AND AFTER THIS DATE, FOR THOSE PURPOSES SET FORTH IN THE APPLICATION,**  
**UNDER THE NAME OF**

**METROPHONE TELECOMMUNICATIONS INCORPORATED**

**DATED JAN. 20, 1998**

**EFFECTIVE JAN. 20, 1998**



**Alberto R. Gonzales, Secretary of State**



DEPOSIT  
D 7 3 8

DATE  
MAR 26 1998

March 24, 1998

210 N. Park Ave.  
Winter Park, FL  
32789

Mr. Walter D'Haeseleer  
Florida Public Service Commission  
Division of Communications  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

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

RE: Application of Metrophone Telecommunications Incorporated for a  
Certificate to Provide Pay Telephone Service within the State of  
Florida

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

Dear Mr. D'Haeseleer:

Enclosed for filing are the original and six (6) copies of the above-referenced  
application of Metrophone Telecommunications Incorporated.

Also enclosed is a check in the amount of \$100 to cover the filing fee.

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.

Questions regarding this filing may be directed to me at (407) 740-8575.

Sincerely,

TECHNOLOGIES MANAGEMENT, INC.  
P.O. BOX 200  
210 N. PARK AVE.  
WINTER PARK, FL 32789-0200  
(407) 740-8575

BARNETT BANK, N.A.  
WINTER PARK, FL 32789  
63-319/631

19190

3-24-98

PAY TO THE  
ORDER OF

Florida PSC

\$ 100.00

One hundred & no/100

DOLLARS  
Security features  
included  
Details on back

MEMO

metrophone

TECHNOLOGIES MANAGEMENT, INC.