DEPOSIT

980666-TC. ATTACHMENT B

D777-

N	AME UNDER WHICH THE APPLICANT WILL DO BUSINES	S
_	Share Anthony Marshall	_
AD	DRESS OF THE APPLICANT(%)	
ST	REET 2801 FLORIDA AVENUE , Wait 427	
cr	Miami	
ST	ATE & ZIP CODE Florida 33133	
TY	PE OF ORGANIZATION (CHECK ONE) √	
A.	INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:	V
DO	CUMENTATION: No other documentation needed.	
B.	PARTNERSHIP:	1
	CUMENTATION: Attach a copy of the partnership agreement ne and address of all partners.	, and a list with
C.	CORPORATION:)
Flo	ENTATION: Attach proof that articles of incorporation have rida Secretary of State's Office. If incorporated outside of Florida Secretary of State that applicant has authority trida and provide name and address of Florida Registered Agriculture.	orida, attach pro to operate in
	ME:	

	D. DOING	BUSINESS UNDER A FICTITIOUS NAME: ()
		TATION: Attach proof that a fictitious name(s) has been registered rida Secretary of States Office.
		NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL SIBLE FOR COMMISSION CONTACTS:
	NAME:	Shane Anthony Marshall
	TITLE:	Sole Proprietor
	PHONE:	(305) 443 -6637
ETC. SHAF TELE	OR IN THE REHOLDER OF PHONE CER	CANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, CASE OF A CLOSELY HELD CORPORATION ANY OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES CELED PAY TELEPHONE CERTIFICATES.
7. CER	IF THE ANS	WER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE LDER AND CERTIFICATE NUMBER.
8.	LIST THE S	STATES IN WHICH THE APPLICANT:
	A. IS CL	PRENTLY PROVIDING PAY TELEPHONE SERVICE.
	None	

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.	
None	
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 INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BAN MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.	KRUPT, ANY
viewer been involved in any of the above	
circumstances.	

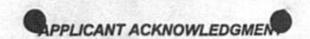
0.	PLEASE CHECK √ THE	SERVICES THAT WILL BE F	PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE		
		OF PAY TELEPHONE INSTRUIRST YEAR: 100	MENTS THE APPLICANT
	HOW DOES THE APPLI	CANT INTEND TO SERVICE	AND MAINTAIN EACH
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAIN OTHER DESCRIBE	N	8 0 0 0 0
RO	VIDE ACCESS TO ALL L	Y TELEPHONES WHICH YOU OCALLY AVAILABLE LONG D 0 1-800? (See Rule 25-24.515	ISTANCE CARRIERS
	Yes		

14.	CONFORM TO S NATIONAL STAN FACILITIES ACC	THE PAY TELEPHONES WHICH UBSECTIONS 4.29.2 - 4.29.4 ar IDARD SPECIFICATIONS FOR ESSIBLE AND USABLE BY PHY HMENT F ANSI STANDARDS)	nd - 4.29.8 OF THE AMERICAN MAKING BUILDINGS AND SICALLY HANDICAPPED
	Yes		

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY. HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH 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/CHIEF OFFICER OF APPLICANT)

DATE: 15TH May 1998



Applicant _	Share Anthony Marshall
	owledge receipt and understanding of the Florida Public Service
Telephone	n's Rules and Requirements relating to my provision of Pay Service.
Signature:	X D
Title:	Sole Proprietor
Date:	15TH MAY 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.

980666-TC

DEPOSIT DATE RECEIVED

ATTACHMENT B

PSC-MECCHDE/REPORTING

D777 - MAY 1 8 1998 HONE CERTIFICATE APPLICATION

l.	18 HAY 18 PH 2: 10 LEGAL NAME OF THE APPLICANT Shows Authory Marshall		
2.	NAME UNDER WHICH THE APPLICANT WILL DO BU	SINESS	
	Shane Anthony Marshall		-
3.	ADDRESS OF THE APPLICANT(%)		
	STREET 2801 FLORIDA AVENUE , Wait 427		
	CITY Coconut Grove, Miami		
	STATE & ZIP CODE FIcrida 33133	_	
4.	TYPE OF ORGANIZATION (CHECK ONE) √		
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:	('	1
	DOCUMENTATION: No other documentation needed.		
	B. PARTNERSHIP:	t)
	DOCUMENTATION: Attach a copy of the partnership agreename and address of all partners.	eement	and a list with the
	C. CORPORATION:	()
DO	CUMENTATION: Attach proof that articles of incorporation Florida Secretary of State's Office. If incorporated outside from the Florida Secretary of State that applicant has autorida and provide name and address of Florida Register.	e of Flo thority to	rida, attach proof o operate in
JENNIE 2801	INE A. MARSHALL FER A. DEBENEDICTIS FLORIDA AVE UNIT 427 ONUT GROVE, FL 33133 15" May 1995	_	
L. E. 10.	Public Service Commission \$ 100.00		
	ONE HIDEOD DOLLARS ONLY DOLLARS []	DOCUME	HT NUMBER-DATE
A L I' MIL	of Union Historial Bank Resource Banking		528 MAY 188

1011 Par Terenouse Hilleuran Fish

PAY TO THE ORDER OF