

ORIGINAL

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

**DIVISION OF TELECOMMUNICATIONS**  
**BUREAU OF CERTIFICATION AND SERVICE EVALUATION**

**APPLICATION FORM**  
for  
**AUTHORITY TO PROVIDE**  
**ALTERNATIVE LOCAL EXCHANGE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

000082-TX

ck 2783 250<sup>00</sup>  
brought to mail room

Instructions

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

**Florida Public Service Commission**  
**Division of Records and Reporting**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission**  
**Division of Telecommunications**  
**Bureau of Certification and Service Evaluation**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6600**

CONFIDENTIAL FINANCIAL INFO FILED SEPARATELY  
mas

DOCUMENT NUMBER-DATE

01058 JAN 25 8

## APPLICATION

1. This is an application for  $\checkmark$  (check one):

**Original certificate** (new company).

**Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

**Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

**Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Beauty Town, Inc.

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

anivs communication

4. Official mailing address (including street name & number, post office box, city, state, zip code):

ABS Wireless

2010 W. Tennessee St.

Tallahassee, FL 32304

5. Florida address (including street name & number, post office box, city, state, zip code):

2010 W. Tennessee St.

Tallahassee, FL 32304

6. Structure of organization:

- ( ) Individual (X) Corporation  
( ) Foreign Corporation ( ) Foreign Partnership  
( ) General Partnership ( ) Limited Partnership  
( ) Other \_\_\_\_\_

7. If individual, provide:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

8. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

\_\_\_\_\_ P950000 81281 \_\_\_\_\_

9. If foreign corporation, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

\_\_\_\_\_ N/A \_\_\_\_\_

10. If using fictitious name-d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) The Florida Secretary of State fictitious name registration number:

\_\_\_\_\_ G00012900026 \_\_\_\_\_

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

\_\_\_\_\_ N/A \_\_\_\_\_

12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ N/A \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: \_\_\_\_\_ N/A \_\_\_\_\_

14. Provide **F.E.I. Number**(if applicable): \_\_\_\_\_ 59-3351451 \_\_\_\_\_

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) **adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.**

\_\_\_\_\_ N/A \_\_\_\_\_

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Timothy K. Shin

Title: President

Address: 2010 W. Tennessee St

City/State/Zip: Tallahassee FL 32304

Telephone No.: 850-574-2044 Fax No.: 850-574-2259

Internet E-Mail Address: ANNS @ nettally . com

Internet Website Address: \_\_\_\_\_

(b) Official point of contact for the ongoing operations of the company:

Name: Timothy K. Shin

Title: President

Address: 2010 W. Tennessee St

City/State/Zip: Tallahassee FL 32304

Telephone No.: 850-574-2044 Fax No.: 850-574-2259

Internet E-Mail Address: ANNS @ nettally . com

Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: Timothy K. Shin

Title: President

Address: 2010 W. Tennessee St

City/State/Zip: Tallahassee FL 32304

Telephone No.: 850-574-2044 Fax No.: 850-574-2259

Internet E-Mail Address: awivs@netally.com

Internet Website Address: \_\_\_\_\_

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

\_\_\_\_\_  
N/A

(b) has applications pending to be certificated as an alternative local exchange company.

\_\_\_\_\_  
N/A

(c) is certificated to operate as an alternative local exchange company.

\_\_\_\_\_  
N/A

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

N/A

- (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

N/A

- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

N/A

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet:
2. income statement: and
3. statement of retained earnings.

**NOTE:** *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
  2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
  3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. **Managerial capability:** give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. **Technical capability:** give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.



**\*\* APPLICANT ACKNOWLEDGMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of 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. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

0.0015 (Assessment)

2.5

**UTILITY OFFICIAL:**

Signature: Ruth J. Griffin Date: 1/24/2000  
Title: President Telephone No.: 850-574-2044  
Address: 2010 W. Tennessee St Fax No.: 850-574-2259  
Tallahassee, FL 32304

**ATTACHMENTS:**

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

**CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT**

I, (Name) \_\_\_\_\_,

(Title) \_\_\_\_\_ of (Name of Company)

\_\_\_\_\_ and current holder of Florida Public Service Commission Certificate Number # \_\_\_\_\_, have reviewed this application and join in the petitioner's request for a:

- ( ) sale
- ( ) transfer
- ( ) assignment

of the above-mentioned certificate.

**UTILITY OFFICIAL:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone No.

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

\_\_\_\_\_  
Fax No.

**INTRASTATE NETWORK** (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

**1. POP:** Addresses where located, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

**2. SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

**3. TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

**AFFIDAVIT**

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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:**

Signature	<u>Ryan J. Smith</u>	Date	<u>1/24/2000</u>
Title	<u>President</u>	Telephone No.	<u>850-574-2044</u>
Address:	<u>2010 W. Tennessee St</u>	Fax No.	<u>850-574-2259</u>
	<u>Tallahassee, FL 32304</u>		

**TITLE SHEET**

**FLORIDA TELECOMMUNICATION PRICE LIST**

This Price List contains the descriptions, regulations, and rates applicable to the furnishing of service and facilities for telecommunications services provided by Beauty Town, Inc., d/b/a aNNs Communication with principal office at 2010 W. Tennessee St, Tallahassee FL 32304. This price list applies for services furnished within the state of Florida. This price list is on file with the Florida Public Service Commission, and copies may be inspected, during normal business hours, at the Company's principal place of business.

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ISSUED: 01/18/00

Timothy K. Shin, President  
Beauty Town, Inc. d/b/a aNNs Communication  
2010 W. Tennessee St. Tallahassee, FL 32304

EFFECTIVE:

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**CHECK SHEET**

The sheets listed below, which are inclusive of this price list; are effective as of the date shown at the bottom of the respective sheets. Original and revised sheets as named below comprise all changes from the original price list and are currently in effect as of the date of the bottom of this page.

SHEET	REVISION
1	Original
2	Original
3	Original
4	Original
5	Original
6	Original

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ISSUED: 01/18/00

Timothy K. Shin, President  
Beauty Town, Inc. d/b/a aNNs Communication  
2010 W. Tennessee St. Tallahassee, FL 32304

EFFECTIVE:

### SYMBOLS

When changes are made in any price lists, a revised page will be listed canceling the price list page affected. Changes will be identified on the revised page(s) through the use of the following symbols:

<b>D</b>	Deleted or discontinued
<b>I</b>	Change resulting In an Increase to a customer's bill
<b>M</b>	Moved from another price list location
<b>N</b>	New
<b>R</b>	Change resulting in a reduction to a customer's bill
<b>T</b>	Change in text or regulation, but no change in rate or charge

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ISSUED: 01/18/00

Timothy K. Shin, President  
Beauty Town, Inc. d/b/a aNNs Communication  
2010 W. Tennessee St. Tallahassee, FL 32304

EFFECTIVE:

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## 1. RULES AND REGULATIONS

### 1.1 Service Availability

Service is to the residence or business only. The customer is responsible for maintaining the wiring and jacks along with his or her telephone within the agreed residence or business.

The Company reserves the right to discontinue furnishing service, or limit the use of service necessitated by conditions beyond its control.

### 1.2 Suspension of Service

Non Payment of regulated charges on a specified date, as agreed, will result in a disconnection of service. Any reconnection would involve a reconnection charge of \$ 39.95

### 1.3 Advance Payments

A one-time fee equal to one month's estimated charges may be required as an advance payment for service.

### 1.4 Refunds and Credits

A request for a refund or credit, for whatever the reason, must be made in writing by the customer and mailed to: aNNs Communication, 2010 W. Tennessee St. Tallahassee, FL 32304. The request will be reviewed, and the customer will either receive a credit, or an explanation as to why no credit is due. This notification will be given to the customer within 30 days of receipt of the actual request.

### 1.5 Liabilities of the Company

The Company's liability for damages arising out of mistakes, interruptions, omissions, delays, errors, or defects in the transmission occurring in the course of furnishing service or facilities, in any event, shall not exceed an amount equivalent to one month charge to the customer.



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## 2. DESCRIPTION OF SERVICE

### 2.1 Service Description

The Company's services consist of basic local telephone service with 911 access, operator services, and relay service. Service does not include an extended calling area or long distance.

### 2.2 Rates

One-time Activation Fee \$ 39.95

Monthly rate \$ 39.95

Optional Features (Per month rate) with one time installation charge \$10.00.

Call Waiting	\$5.00
Call Forwarding	\$5.00
Three-Way Calling	\$5.00
Caller ID	\$10.00
Anonymous Call Reject	\$5.00

### 2.3 Emergency Services (Enhanced 911)

Enhanced 911 service allows customers to reach appropriate emergency services including police, fire and hospital. Enhanced 911 has the ability to selectively route an emergency call to the primary E911 provider so that it reaches the correct emergency service located closest to the caller. In addition, the customer's address and telephone information will be provided to the primary E911 provider for display at the Public Service Answering Point (PSAP).

### 2.4 Telecommunications Relay Service (TRS)

TRS refers to the provision of a specialized telecommunications service that allows hearing and speech impaired customers to communicate over the telecommunications network as defined in Florida Statue 364.337. The company will pass through to the customer all charges associated with this service including associated taxes and franchise fees, at the same level of charge as assessed by the ILEC to the Company. The customer is responsible for the provision of all hardware and installation thereof at the customer's premises in order to utilize this service; the Company maintains no inventory of hardware for this purpose.

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### **3. MISCELLANEOUS SERVICES**

#### 3.1 Non-Routine Installation and Maintenance

At the customer's request, installation and/or maintenance may be performed outside the Company's regular business hours, or (in the Company's sole discretion and subject to any conditions it may impose) in hazardous locations. In such cases, charges are based on the cost of labor, material and other costs incurred by or charged to the Company. If installation is started during regular business hours but not limited to, weekends, holidays, and/or night hours, additional charges may apply.

#### 3.2 Directory Listings

The Company shall provide for a single directory listing, termed the primary listing, in the telephone directory published by the ILEC.

First, we are trying to resell local-phone service on pre-paid basis. Because the main business we are focusing is pre-paid local service, whenever we deliver local services to a customer, it will bring the income for the incurring cost of the local service plus overhead expense.

Second, we have retail locations open now and in business many years in Tallahassee and Monticello. It will not impose us the overhead expense to have retail office and the sales forces as an additional cost. Future expansion of the clec service will be depending on the success of present location.



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 12, 2000

ANNS COMMUNICATION  
2010 W. TENNESSEE ST.  
TALLAHASSEE, FL 32304

Subject: **ANNS COMMUNICATION**

REGISTRATION NUMBER: **G00012900026**

This will acknowledge the filing of the above fictitious name registration which was registered on January 12, 2000. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

Reinstatements Section  
Division of Corporations

Letter No. 600A00001757

# State of Florida



## Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of ANNS COMMUNICATION, registered with the Department of State on January 12, 2000, as shown by the records of this office.

The Registration Number of this Fictitious Name is G00012900026.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twelfth day of January, 2000



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

**APPLICATION FOR  
REGISTRATION OF FICTITIOUS NAME**

APPROVED  
AND  
FILED

00 JAN 12 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. ANNS communication.  
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

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2. 2016 W. Tennessee St  
Mailing Address of Business  
Tallahassee FL 32304  
City State Zip Code

3. Florida County of principal place of business: Leon

---

4. FEI Number: 59-3351451

This space for office use only

**A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Last First M.I. Last First M.I.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

SS# \_\_\_\_\_ SS# \_\_\_\_\_

**B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):**

1. Beauty Town, Inc. 2. \_\_\_\_\_  
Entity Name Entity Name

5103 Touraine Dr \_\_\_\_\_  
Address Address

Tallahassee FL 32308 \_\_\_\_\_  
City State Zip Code City State Zip Code

Florida Registration Number P95000081281 \_\_\_\_\_  
FEI Number: 59-3351451 \_\_\_\_\_

Applied for  Not Applicable  Applied for  Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 1/12/2000  
Signature of Owner Date

Phone Number: 850-574-2044 Phone Number: \_\_\_\_\_

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Signature of Owner Date

G00012900026--2  
-01/12/00--01057--019  
\*\*\*\*\*80.00

Mark the applicable boxes  Certificate of Status — \$10  Certified Copy — \$30  
FILING FEE: \$50

Note: Acknowledgements/certificates will be sent to the address in Section 1 only. CR4E-001 (12/98)

ORIGINAL

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

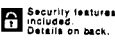

**DIVISION OF TELECOMMUNICATIONS**  
**BUREAU OF CERTIFICATION AND SERVICE EVALUATION**

DEPOSIT  
D 238

DATE  
JAN 25 2000

**APPLICATION FORM**  
for  
**AUTHORITY TO PROVIDE**  
**ALTERNATIVE LOCAL EXCHANGE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

000082 - TX

BEAUTY TOWN INC. 04/95 D/B/A ANNS BEAUTY SUPPLIES AND D/B/A ABS WIRELESS 2525 S. MONROE ST., #22 TALLAHASSEE, FL 32301	2783 63-68/631 BRANCH 061
Date <u>1/25/2000</u>	
Pay to the Order of <u>F. P. S. C.</u> \$ <u>250.00</u>	
<u>Two hundred and Fifty Dollars</u>	Dollars  Security features included. Details on back.
 <b>Capital City Bank</b> MAHAN DRIVE OFFICE TALLAHASSEE, FL	
For <u>Clec Along</u>	<u>[Signature]</u>
⑆06310⑆	

id for approval of the  
of an assignment or  
or transferee (See  
he application and  
allotted space.  
his form along with a

non-refundable application fee of \$250.00 is.

Check received with filing and forwarded to Fiscal for deposit.  
Fiscal to forward a copy of check to RAR with proof of deposit.

**Florida Public Service Commission**  
**Division of Records and Reporting**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6770**

Initials of person who forwarded check:  
[Signature]

If you have questions about completing the form, contact:

**Florida Public Service Commission**  
**Division of Telecommunications**  
**Bureau of Certification and Service Evaluation**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6600**

00 JAN 25 PM 4:32  
MAIL ROOM

*CONFIDENTIAL FINANCIAL INFO FILED SEPARATELY*

01058-00  
1-25-00