1.	This is an application for (check one):		
	(x) 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 authority rather that apply for a new certificate.		
	() Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff without changing the existing name or tariff.		
	() Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.		
2.	Name of company:		
	Enron Broadband Services, Inc.		
3.	Name under which applicant will do business (fictitious name, etc.):		
	Enron Broadband Services, Inc.		
4.	Official mailing address (including street name & number, post office box, city, state, zip code):		
	Portland, Oregon 97201		
5.	Florida address (including street name & number, post office box, city, state, zip code):		
	None at this time		

6.	Structure of organization:
	() Individual () Corporation (X) Foreign Corporation () Foreign Partnership () General Partnership () Limited Partnership
7.	If individual, provide:
	Name :
	Title :
	Address:
	City/State/Zip:
	Telephone No.: Fax No.:
	Internet E-Mail Address:
	Internet Website Address:
8.	<pre>If incorporated in Florida, provide proof of authority to operate in Florida: (a) The Florida Secretary of State corporate</pre>
9.	<pre>registration number:</pre>
	(a) The Florida Secretary of State corporate registration number:F98000004496
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:
11.	If a limited liability partnership, please proof of registration to operate in Florida.
	(a) The Florida Secretary of State registration number:

12.	. <u>If a partnership</u> , provide name, title and address of all partners and a copy of the partnership agreement.				
	Name	e :			
	Tit	le :			
	Address:				
	City/State/Zip:				
	Telephone No.: Fax No.:				
	Internet E-Mail Address:				
	Internet Website Address:				
13.	complian	reign limited partnership, provide proof of ace with the foreign limited partnership (Chapter 620.169, FS), if applicable.			
	(a)	The Florida registration number:			
14.	Provide	FEID Number (if applicable): 93-1205987			
15.	Provide	the following (if applicable):			
	(a)	Will the name of your company appear on the bill for your services? (x) Yes () No			
	(b)	If not, who will bill for your services?			
		Name :			
		Address:			
		City/State/Zip:			
		Telephone Number:			
	(c)	Who will the billed party contact to ask questions about the bill?			
		Name: Diane Hetzel			
		Telephone Number: 888/337-1998			
	(c)	How is this information provided?			

(a)	The application:		
	Name : Bill L. Bryant		
	Title : Attorney		
	Address: 106 East College Avenue		
	City/State/Zip: Tallahassee, FL 32301		
	Telephone No.: 850-224-9634 Fax No.: 850-222-0103		
	Internet E-Mail Address: bbryant@katzlaw.com		
	Internet Website Address: katzlaw.com		
(b)	Official point of contact for the ongoing operations of the company:		
	Name : Marchris Robinson		
	Title : Manager, US/Canada Governmental Affairs SE Region		
	Address: 1400 Smith Street		
	City/State/Zip: Houston, TX 77002		
	Telephone No.: 713/853-3342 Fax No.: 713/853-7297		
	Internet E-Mail Address: mrobinso@enron.com		
	Internet Website Address: enron.net		
(c)	Complaints/Inquiries from customers:		
	Name : Diane Hetzel		
	Title : Customer Service Supervisor		
	Address: 1400 Smith Street		
	City/State/Zip: Houston, TX 77002		
	Telephone No.: 888/337-1998 Fax No.: 713/853-7297		
•	Internet E-Mail Address: dhetzel@enron.com		
	Internet Website Address: enron.net		
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16. Who will serve as liaison to the Commission in regard to the following?

17.	List	the states in which the applicant:	
	(a)	has operated as an Alternative Access Vendor.	
	Co	lorado, Louisiana, Oregon & Texas	
-			
_			
	(b)	has applications pending to be certificated as an Alternative Access Vendor.	
_	California & New York		
_			
	(c)	is certificated to operate as an Alternative Access Vendor.	
		Colorado, Louisiana, Oregon, Texas	
_			
	(d)	has been denied authority to operate as an Alternative Access Vendor and the	
	None	circumstances involved.	
	(e)	has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.	
	Non	e .	
_			
	·····		
	(f)	has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.	
******	None		

- 18. 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. If so, provide explanation.

None

(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.

None

- 19. The applicant will provide the following AAV services (check all that apply):
 - a. (X) Intraexchange private line service to an affiliate.
 - b. (X) Interexchange private line service to an affiliate.
 - c. (_X) Special access as part of a private line dedicated service.
 - d. (x) Special access to an IXC switched network.
 - e. (x) Private line services (Channel Services)
 - (x) DS-0, 64 kb/s
 - (x) DS-1, 1.54 Mb/s
 - (x) DS-2, 6.31 Mb/s
 - (X) DS-3, 44.76 Mb/s

** APPENDIX B **

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of customer deposits and advance payments may be provided in one of the following ways (applicant please check one):

(

The applicant will not collect deposits nor will it collect payments for service more than one month in advance.

(1/

The applicant will file with the Commission and maintain a surety bond in an amount equal to the current balance of deposits and advance payments in excess of one month. (Bond must accompany application.)

(Waiver obtained) pour

UTILITY OFFICIAL:

Signatur

Miles W. Hushes

Attorney for Envon

9/14/60 Datle

850-724-9634 Telephone

** APPENDIX C **

SERVICE AREA NETWORK

1.	() or has not () previously provided intrastate telecommunications in Florida. If the answer is has, fully describe the following:		
	a) What services have been provided and when did these services begin?		
	h) If the generical one not growently offered when		
	b) If the services are not currently offered, when were they discontinued?		
Imili Imy O	EET CT AT		
<u>UTILITY O</u>	Signature 9/14/00 Niles Hubbes		
	Envon Attorney 850-724-9634 Title Telephone		

** APPLICANT ACKNOWLEDGEMENT 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 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. GROSS RECEIPTS TAX: I understand that all telephone companies must pay a gross receipts tax of <u>two and</u> <u>one-half percent</u> 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.
- 5. RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to my provision of alternative access vendor service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.

UTILITY OFFICIAL:

s lu H .-l .s

Attorney for From

850-224-963

Telephone

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 access vendor 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."

Official:	Mily Myse Signature	9/14/60 Date
Title:	Attorney for Enron	ESSO-224-9634 Telephone Number
Address:	106 E College Ave., Ste. 1200 Tallahassee, F.C. 32301	

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

2100 SW River Parkway

KATZ, KUTTER, HAIGLER, ALDERMAN, BRYANT & YON

OPERATING ACCOUNT P.O. BOX 1877 • TALLAHASSEE, FL 32302-1877 PAY Two hundred fifty and NO/100

SOUTHTRUST BANK BIRMINGHAM, AL 61-8-620

CHECK NO. 66533

CHECK DATE

09/14/2000

VENDOR NÓ. **FPSC**

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

CHECK AMOUNT \$250.00

initials of person who forwarded check:

TO THE ORDER

Florida Public Service Commission

GENERAL ACCOUNT VOID AFTER 90 DAYS

#OS6533# FLASHELD GETTO 53 B17 5513

Security features included. Details on hark

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