





STATE OF FLORIDA

COMMISSIONERS:  
LILA A. JABER, CHAIRMAN  
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DIVISION OF THE COMMISSION CLERK &  
ADMINISTRATIVE SERVICES  
BLANCA S. BAYÓ  
DIRECTOR  
(850) 413-6770 (CLERK)  
(850) 413-6330 (ADMIN)

## Public Service Commission

February 19, 2002

Karla Arndt, VP Administration  
WorldTeq Corporation  
15200 Shady Grove Road, #350  
Rockville, Maryland 20850

Re: Docket No. 020132-TI

Dear Ms. Arndt:

This will acknowledge receipt of an application for certificate to provide interexchange telecommunications service by WorldTeq Corporation, which was filed in this office on February 18, 2002, and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6248 or FAX (850) 413-7180.

Please note as well that Commission Rule 25-22.005(7), F.A.C., requires certificate companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of the Commission Clerk and Administrative Services  
Florida Public Service Commission

CCA Official Filing:

4/11/02\*\*\*\*\*4:00 PM\*\*\*\*\*Matilda Sanders\*\*\*\*\*1

Matilda Sanders

0506-PAA

From: Andrea Cowart  
Sent: Thursday, April 11, 2002 4:01 PM  
To: CCA - Orders / Notices  
Subject: Orders

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020132, 020158 - 020132or.jae

PAA Order

001097 - 001097fo.pac

**ORDER ACKNOWLEDGING JOINT NOTICE OF VOLUNTARY DISMISSAL WITHOUT PREJUDICE**

**Andrea N. Cowart, Deputy Clerk  
State of Florida Public Service Commission  
acowart@psc.state.fl.us  
(850) 413-6214 Phone  
(850) 293-6214 Suncom  
(850) 413-6215 Facsimile**

*faxed 12/0*

ORIGINAL

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WORLDTIQ CORPORATION  
(Name of corporation - must include suffix)

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:

KARLA ARNDT  
(Name of Person)

WORLDTIQ CORPORATION  
(Firm/Company)

15200 Shady Grove Rd, # 350  
(Address)

Rockville, MD 20850  
(City/State and Zip code)

For further information concerning this matter, please call:

KARLA ARNDT at (301) 296-4234 X1190  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

DOCUMENT NO.  
DOCUMENT NUMBER-DATE  
01832 FEB 18 88  
FPSC-COMMISSION CLERK

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. WORLWTEQ CORPORATION
(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. DELAWARE 3. 52-2270953
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/2000
(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. 15200 Shady Grove Rd, # 350, Rockville, MD 20850
(Principal office address)

SAME AS ABOVE
(Current mailing address)

8. Long Distance + Telecom Services
(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: \_\_\_\_\_

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

\_\_\_\_\_, Florida \_\_\_\_\_
(City) (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.

\_\_\_\_\_  
(Registered agent's signature)

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:

A. DIRECTORS

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

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

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

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

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

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

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

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

B. OFFICERS

~~President:~~ <sup>CEO</sup> Bruce Bertman

Address: 15200 Shady GROVE Rd, #350  
Rockville, MD 20850

Vice President: KARIA ARNOT

Address: 15200 Shady GROVE Rd, #350  
Rockville, MD 20850

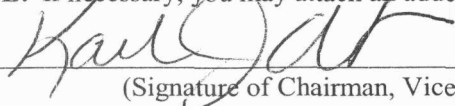
Secretary: \_\_\_\_\_

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

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

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

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KARIA ARNOT - VP ADMIN  
(Typed or printed name and capacity of person signing application)

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the transmittal letter and send one check for the total amount made payable to the Florida Department of State.
- The transmittal letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the transmittal letter.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.



CCA Official Filing:

5/7/02\*\*\*\*\*2:58 PM\*\*\*\*\*Matilda Sanders\*\*\*\*\*1

Matilda Sanders

02-0639-CO

From: Andrea Cowart  
Sent: Tuesday, May 07, 2002 2:51 PM  
To: CCA - Orders / Notices  
Subject: Orders

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**Consummating Orders**

020159 - 020159co.jae

020132, 020158 - 020132co.jae

**Andrea N. Cowart, Deputy Clerk**  
**State of Florida Public Service Commission**  
**acowart@psc.state.fl.us**  
**(850) 413-6214 Phone**  
**(850) 293-6214 Suncom**  
**(850) 413-6215 Facsimile**

faced. 12/10

**FedEx** USA Airbill  
Express

FedEx  
Tracking  
Number

832584725831

Form  
I.D. No.

0200

Sender's Copy

**1 From** Please print and press hard.

Date 12/10/01 Sender's FedEx Account Number 241-240-408

Sender's Name K. ANNOT Phone (301) 296 4234

Company WORLD TECH CORP.

Address 15200 Shady GROVE Rd # 350

City Rockville State MD ZIP 20850

**2 Your Internal Billing Reference**

First 24 characters will appear on invoice. FL. Tariff

**3 To**

Recipient's Name Registration Section Phone ( )

Company Division of Corporations

Address 409 E. Gaines Street  
To "HOLD" at FedEx location, print FedEx address. We cannot deliver to P.O. boxes or P.O. ZIP codes.

City Jalalabsee State FL ZIP 32399

Try online shipping at [fedex.com](http://fedex.com)

By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

Questions? Visit our Web site at [fedex.com](http://fedex.com)

or call 1.800.Go.FedEx® 800.463.3339.

**4a Express Package Service**

FedEx Priority Overnight Next business morning  
 FedEx Standard Overnight Next business afternoon  
 FedEx First Overnight Earliest next business morning delivery to select locations  
 FedEx 2Day Second business day  
 FedEx Express Saver Third business day  
 NEW FedEx Extra Hours Later drop-off with next business afternoon delivery for select locations

**4b Express Freight Service**

FedEx 1Day Freight\* Next business day  
 FedEx 2Day Freight Second business day  
 FedEx 3Day Freight Third business day

\* Call for Confirmation:

**5 Packaging**

FedEx Envelope\*  
 FedEx Pak\* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak  
 Other Pkg. Includes FedEx Box, FedEx Tube, and customer pkg.

**6 Special Handling**

SATURDAY Delivery Available ONLY for FedEx Priority Overnight and FedEx 2Day to select ZIP codes  
 HOLD Weekday at FedEx Location NOT Available for FedEx First Overnight  
 HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?  
One box must be checked.  
 No  
 Yes As per attached Shipper's Declaration  
 Yes Shipper's Declaration not required  
 Dry Ice Dry Ice, 9, UN 1845 x kg  
 Cargo Aircraft Only

**7 Payment Bill to:**

Enter FedEx Acct. No. or Credit Card No. below.  
 Sender Acct. No. in Section 1 will be billed.  
 Recipient  
 Third Party  
 Credit Card  
 Cash/Check

FedEx Acct. No. or Credit Card No.	Exp. Date
Total Packages	Total Weight
	Total Declared Value*
	\$ .00

\*Our liability is limited to \$100 unless you declare a higher value. See back for details. FedEx Use Only

**8 Release Signature**

Sign to authorize delivery without obtaining signature.

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

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Rev. Date 7/01 • Part #157254 • ©1994-2001 FedEx • PRINTED IN U.S.A. GBFE 9/01

RETAIN THIS COPY FOR YOUR RECORDS.

1. This is an application for  (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:

WORLDTEQ CORPORATION

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

WORLDTEQ CORPORATION

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

15200 Shady GROVE Rd

# 350

Rockville, MD 20850

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

416 EVERWOOD DRIVE

KISSIMMEE, FL 34743 6.

Select type of business your company will be conducting  (check all that apply):

- Facilities-based carrier** - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.

- ( ) **Operator Service Provider** - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
- ( ) **Reseller** - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
- (✓) **Switchless Rebiller** - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
- ( ) **Multi-Location Discount Aggregator** - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.
- (✓) **Prepaid Debit Card Provider** - any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.

7. Structure of organization;

- |                           |                         |
|---------------------------|-------------------------|
| ( ) Individual            | ( ) Corporation         |
| ( ✓ ) Foreign Corporation | ( ) Foreign Partnership |
| ( ) General Partnership   | ( ) Limited Partnership |
| ( ) Other _____           |                         |

8. **If individual**, provide:

Name: \_\_\_\_\_ N/A \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

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

(a) **The Florida Secretary of State Corporate Registration number:**  
\_\_\_\_\_ N/A \_\_\_\_\_

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

(a) **The Florida Secretary of State Corporate Registration number:**  
\_\_\_\_\_ PENDING \_\_\_\_\_

11. **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:**  
\_\_\_\_\_ N/A \_\_\_\_\_

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

(a) **The Florida Secretary of State registration number:** \_\_\_\_\_ N/A \_\_\_\_\_

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

Name: \_\_\_\_\_ N/A \_\_\_\_\_

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

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

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

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

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

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

14. **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 \_\_\_\_\_

15. Provide **F.E.I. Number** (if applicable): \_\_\_\_\_

16. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?  
 Yes ( ) No

(b) If not, who will bill for your services? ANY reseller of our services -

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

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

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

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

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

(c) How is this information provided?

\_\_\_\_\_  
\_\_\_\_\_

17. Who will receive the bills for your service?

- Residential Customers                       Business Customers  
 PATs providers                               PATs station end-users  
 Hotels & motels ( ) Hotel & motel guests  
 Universities                                   Universities dormitory residents  
 Other: (specify) \_\_\_\_\_

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

(a) The application:

Name: KARLA ARNOT

Title: VP ADMINISTRATION

Address: 15200 Shady Grove Rd #350

City/State/Zip: Rockville, MD 20850

Telephone No.: 301-296-4234 Fax No.: 413-513-1260

Internet E-Mail Address: KARNOT@WORLDED.COM

Internet Website Address: WWW.WORLDED.COM

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

Name: Bruce Bertman

Title: CEO

Address: 15200 Shady Grove Rd # 350  
City/State/Zip: Rockville, MD 20850

Telephone No.: 301-296-4234 Fax No.: 240-465-1265  
Internet E-Mail Address: BBERTMAN@WORLDTEQ.COM  
Internet Website Address: ~~Rockville~~ WWW.WORLDTEQ.COM

(c) Complaints/Inquiries from customers:

Name: KARLA ARNOT

Title: VP ADMIN

Address: 15200 Shady Grove Rd # 350  
City/State/Zip: Rockville, MD 20850

Telephone No.: 301-296-4234 Fax No.: 413-513-1260  
Internet E-Mail Address: KARNOT@WORLDTEQ.COM  
Internet Website Address: WWW.WORLDTEQ.COM

19. List the states in which the applicant:

(a) has operated as an interexchange telecommunications company.

\_\_\_\_\_  
\_\_\_\_\_

(b) has applications pending to be certificated as an interexchange telecommunications company.

CALIFORNIA, TEXAS, WASHINGTON



(c) is certificated to operate as an interexchange telecommunications company.

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(d) has been denied authority to operate as an interexchange telecommunications company and the circumstances involved.

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

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

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20. 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, please explain.

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

21. The applicant will provide the following interexchange carrier services  (check all that apply):

a. \_\_\_\_\_ **MTS with distance sensitive per minute rates**

\_\_\_\_\_ Method of access is FGA  
\_\_\_\_\_ Method of access is FGB  
\_\_\_\_\_ Method of access is FGD  
\_\_\_\_\_ Method of access is 800

b. \_\_\_\_\_ **MTS with route specific rates per minute**

\_\_\_\_\_ Method of access is FGA  
\_\_\_\_\_ Method of access is FGB  
\_\_\_\_\_ Method of access is FGD  
\_\_\_\_\_ Method of access is 800

c.  **MTS with statewide flat rates per minute (i.e. not distance sensitive)**

- Method of access is FGA
- Method of access is FGB
- Method of access is FGD
- Method of access is 800

d. \_\_\_\_\_ **MTS for pay telephone service providers**

e.  **Block-of-time calling plan (Reach Out Florida, Ring America, etc.).**

f.  **800 service (toll free)**

g. \_\_\_\_\_ **WATS type service (bulk or volume discount)**

- \_\_\_\_\_ Method of access is via dedicated facilities
- \_\_\_\_\_ Method of access is via switched facilities

h.  **Private line services (Channel Services)**  
(For ex. 1.544 mbs., DS-3, etc.)

I.  **Travel service**

- \_\_\_\_\_ Method of access is 950
- Method of access is 800

j. \_\_\_\_\_ **900 service**

k. \_\_\_\_\_ **Operator services**

- \_\_\_\_\_ Available to presubscribed customers
- \_\_\_\_\_ Available to non presubscribed customers (for example, to patrons of hotels, students in universities, patients in hospitals).
- \_\_\_\_\_ Available to inmates

1. **Services included are:**

- \_\_\_\_\_ Station assistance
- \_\_\_\_\_ Person-to-person assistance
- \_\_\_\_\_ Directory assistance
- \_\_\_\_\_ Operator verify and interrupt
- \_\_\_\_\_ Conference calling

22. Submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed).

23. Submit the following:

**A. Managerial capability;** give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

**B. 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.

**C. 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. **A written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **A written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **A written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**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 its 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.

**UTILITY OFFICIAL:**

KARIA ARNDT  
Print Name

  
Signature

V.P ADMIN  
Title

11/30/01  
Date

301-296-4234      413-513-1260  
Telephone No.              Fax No.

Address: 15200 Shady GROVE Rd  
# 350  
Rockville, MD 20850

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**CUSTOMER DEPOSITS AND ADVANCE PAYMENTS**

A statement of how the Commission can be assured of the security of the customer's 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.
  
- (  ) The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month.  
(The bond must accompany the application.)

UTILITY OFFICIAL:

KARLA ARNDT  
Print Name

  
Signature

VP ADMIN  
Title

11/30/01  
Date

301-296-4234  
Telephone No.

413-513-1260  
Fax No.

Address: 15200 Shady Grove Rd  
~~#~~ Suite 350  
Rockville, MD 20850

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**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 interexchange telecommunications 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:**

KARLA ARNDT

Print Name



Signature

VP ADMIN

Title

11/30/01

Date

301-296-4234

Telephone No.

413-513-1260

Fax No.

Address:

15200 Shady Grove Rd

Suite 350

Rockville, MD 20850



**CURRENT FLORIDA INTRASTATE SERVICES**

Applicant **has** (  ) 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?

1) SAME SERVICES AS NOTED WITHIN

2) October 2000

b) If the services are not currently offered, when were they discontinued?

\_\_\_\_\_  
\_\_\_\_\_

**UTILITY OFFICIAL:**

KARLA ADNOT  
Print Name

  
Signature

VP ADMIN  
Title

11/30/01  
Date

301-296-4234  
Telephone No.

413-513-1260  
Fax No.

Address: 15200 Shady GROVE Rd  
# 350  
Rockville, MD 20850

**CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT**

I, (Name) \_\_\_\_\_ N/A \_\_\_\_\_,

(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:

( ) transfer

( ) assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

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

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

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