

**REQUEST TO ESTABLISH DOCKET**  
(Please Type)

<b>Date</b>	December 19, 2003	<b>Docket No.</b>	031119-TC
<b>1. Division Name/Staff Name:</b>	Competitive Markets & Enforcement/McCoy		
<b>2. OPR:</b>	McCoy		
<b>3. OCR:</b>			
<b>4. Suggested Docket Title:</b>	Request for cancellation of Pay Telephone Certificate No. 5395 by Walk In Phone Centers, Inc., and application for Certificate to provide Pay Telephone Service by AKS Communications, Inc.		
<b>5. Suggested Docket Mailing List (attach separate sheet if necessary)</b>			
<b>A. Provide NAMES OR ACRONYMS ONLY if a regulated company.</b>			
<b>B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)</b>			
<b>1. Parties and their representatives (if any):</b>			
<b>2. Interested persons and their representatives (if any):</b>			
<b>6. Check one:</b>			
<div style="display: flex; justify-content: space-between;"><div><u>Yes</u></div><div>Documentation is attached.</div></div>			
<div style="display: flex; justify-content: space-between;"><div><u>          </u></div><div>Documentation will be provided with recommendation.</div></div>			
<div style="display: flex; justify-content: space-between;"><div><u>          </u></div><div></div></div>			



Florida Public Service Commission  
Division of Competitive Markets and Enforcement  
ATTN: Toni J. Mc Coy  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

12/16/03

RE: PATS Application

Dear Ms. Mc Coy,

Please be advised that Walk In Phone Centers, Inc. is no longer in business. It is my understanding that pay telephone certificates are not transferable per Commission rules. Please cancel Walk In Phone Centers, Inc., Certificate (# 5395) at the same time that AKS Communications, Inc. is making its application for pay telephone certificate so that there is no lapse in certification.

Thank you for your time and understanding.

Sincerely,

Alan Silverman  
AKS Communications, Inc.  
President

COMPANY IDENTIFICATION

Printed on 12/19/2003 at 11:01:01 by TJM

Complete Name: Walk-In Phone Centers, Inc.

Mailing Name: Walk-In Phone Centers, Inc.

Company Code: TG093 FEID Number: 65-0540454

COMPANY INFORMATION

Address Line 1: 1422 S.E. 17th Street

Address Line 2:

City: Ft. Lauderdale

State: FL Zip Code: 33316-1710

Reg. Date: 07/25/1997

Inactive Date:

Transferred To:

Trans. From:

Certificate 1: 5395

Certificate 2:

Corporate Type:

Service 1: PAT - Pay Telephone

Service 2:

Service 3:

Service 4:

Class (WAW):

Phone Count:

County 1:

County 2:

County 3:

County 4:

Bankruptcy: No

COMPANY IDENTIFICATION

Printed on 12/19/2003 at 11:00:57 by TJM

Complete Name: Walk-In Phone Centers, Inc.

Mailing Name: Walk-In Phone Centers, Inc.

Company Code: TG093

FEID Number: 65-0540454

MAILING INFORMATION

Attention:

Address Line 1: 1422 S.E. 17th Street

Address Line 2:

City: Ft. Lauderdale

State: FL

Zip Code: 33316-1710

E-mail Address: alandft@aol.com

Web Address: <http://callingstation.com>

Liaison 1: Alan Silverman

Liaison 2:

Title: President

Title:

Phone: (954) 763-5721

Phone:

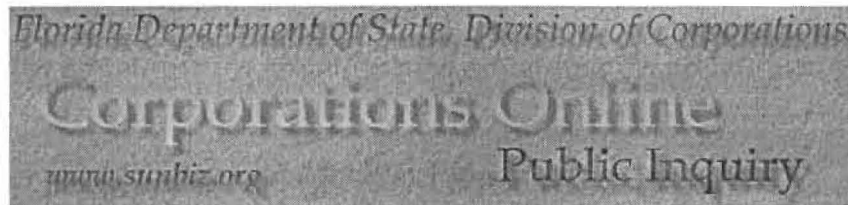
E-mail: alandft@aol.com

E-mail:

Fax 1: (954) 763-5731

Fax 2:

County:



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## Florida Profit

### AKS COMMUNICATIONS, INC.

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#### PRINCIPAL ADDRESS

1422 SE 17TH STREET  
FORT LAUDERDALE FL 33316  
Changed 04/29/2002

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#### MAILING ADDRESS

1422 SE 17TH STREET  
FORT LAUDERDALE FL 33316  
Changed 04/29/2002

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**Document Number**  
P01000103434

**FEI Number**  
600000773

**Date Filed**  
10/24/2001

**State**  
FL

**Status**  
ACTIVE

**Effective Date**  
NONE

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## Registered Agent

Name & Address
HIRSCH, DAVID K 175 W CAMINO REAL BOCA RATON FL 33432

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## Officer/Director Detail

Name & Address	Title
SILVERMAN, ALAN M PRESIDE 1422 SE 17TH STREET FORT LAUDERDALE FL 33316	MR

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## Annual Reports

Report Year	Filed Date
2002	04/29/2002

2003

04/28/2003

[Previous Filing](#)[Return to List](#)[Next Filing](#)

No Events

No Name History Information

## Document Images

Listed below are the images available for this filing.

[04/28/2003 -- ANNUAL REPORT](#)[04/29/2002 -- ANNUAL REPORT](#)[10/24/2001 -- Domestic Profit](#)**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**[Corporations Inquiry](#)[Corporations Help](#)

1. Name of company or name of individual (not fictitious name or d/b/a):  
AKS Communications, Inc.
2. Name under which applicant will do business (fictitious name, etc.):  
THE CALLING STATION
3. Official mailing address:  
Street: 1422 SE 17<sup>th</sup> street  
P.O. Box: \_\_\_\_\_  
City: Fort Lauderdale  
State: FL Zip: 33316
4. Florida address:  
Street: SAME  
P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Structure of organization:  
( ) Individual  
(☒) Corporation  
( ) General Partnership  
( ) Limited Partnership  
( ) Other: \_\_\_\_\_
6. If incorporated in Florida, provide proof of authority to operate in Florida:  
Florida Secretary of State  
Corporate Registration Number: P01000103434

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name  
Registration Number:

602232900372

8. F.E.I. Number (if applicable): 60-0000 773

9. If individual, provide: corporation

Name: N/A

Title:

Address:

City/State/Zip:

Telephone No.: Fax No.:

Internet E-Mail Address:

Internet Website Address:

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

a. Name: N/A

Title:

Address:

City/State/Zip:

Telephone No.: Fax No.:

Internet E-Mail Address:

Internet Website Address:



10. Partnership (continued)

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

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

a. The application:  
Name: Alan Silverman  
Title: President  
Address: 1422 SE 17th street  
City/State/Zip: Fort Lauderdale, FL 33316  
Telephone No.: 954 763-5721 Fax No.: 954 763-5731  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: www.callingstation.com

b. Official Point of Contact for ongoing company operations including complaints and inquiries:  
Name: Same as a.  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. NO

If so, provide explanation: NO

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13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number. NO

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14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not. NO

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15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NONE

b. Has applications pending to be certified 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, rules, or orders. Explain circumstances.

NONE

16. Please check (✓) the services that will be provided:

(✓) LOCAL

(✓) LONG DISTANCE

( ) COIN

(✓) CALLING CARD

( ) CREDIT CARD

(✓) OTHER (Describe) International

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 70 phones within Retail facility

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

( ) PERSONALLY

( ) FULL-TIME TECHNICIAN

( ) PART-TIME TECHNICIAN

( ) SERVICE/REPAIR/MAINTENANCE CONTRACT

(✓) OTHER (Describe) All phones are located within the confines of a retail store. The retail store is staffed with clerks who service the phones.

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

( ) Yes

(✓) No Explain: 10+ dial around will be blocked,

800, 877, 888 #'s are accessible from 54 of 70 phones.

16 phones will be long distance only and international calls only

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

(✓)

Yes

No Explain: \_\_\_\_\_

## **\*\*APPLICANT FEE STATEMENT\*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

### **UTILITY OFFICIAL:**

Alan Silverman

Print Name

President

Title

954 763-5721

Telephone No.

Alan Silverman

Signature

12/16/03

Date

954 763 5731

Fax No.

Address:

1422 SE 17<sup>th</sup> street

Fort Lauderdale FL 33316

## **\*\*ACKNOWLEDGMENT\*\***

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

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:**

Alan Silverman

Print Name

President

Title

954 763 5721

Telephone No.

Address:

1422 SE 17th Street

Fort Lauderdale, FL 33316

Alan Silverman

Signature

12/16/03

Date

954 763 5731

Fax No.

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

Applicant: Alan Silverman President  
AKS Communications, Inc. dba The Calling Station

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

Alan Silverman  
Print Name

Alan Silverman  
Signature

President  
Title

Date

954 763 5721  
Telephone No.

954 763 5731  
Fax No.

Address: 1422 SE 17th Street  
Fort Lauderdale, FL 33316

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

AKS COMMUNICATIONS, INC. 01-02  
1422 S.E. 17TH ST.  
FORT LAUDERDALE, FL 33316-1710  
PH: 954-763-5721

Bank of America  
ACH R/T 063100277

3558

63-4/630 FL  
1462

12-16-03

PAY TO THE  
ORDER OF

Florida Public Service Commission

\$ 100<sup>00</sup>

one hundred & 00/100

DOLLARS

MEMO

Application

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REDACTED