

CK# 1055

070644-TC @ 250.00

DEPOSIT DATE 10/3/07

782 OCT 09 2007

RT

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 authority rather than 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.

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: *Sterling Payphones LLC*

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

4. Official mailing address:

Street/Post Office Box: *200 Public Square Suite 700*  
City: *Cleveland*  
State: *Ohio*  
Zip: *44114*

5. Florida address:

Street/Post Office Box: *None*  
City:  
State:  
Zip:

RECEIVED-FPSC  
07 OCT -9 AM 9:12  
COMMISSION  
CLERK

- CMP   1
- COM
- CTR
- ECR
- GCL   1
- OPC
- RCA
- SCR
- SGA
- SEC
- OTH

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other,

- Corporation
- Foreign Partnership
- Limited Partnership

FORM PSC/CMP-32 (01/06)  
Required by Commission Rule Nos. 25-24.511  
and 25-24.512

Note: To complete this interactive form  
using your computer, use the tab key  
to navigate between data entry fields.

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK

7. **If individual**, provide: *N/A*
- Name:  
 Title:  
 Street/Post Office Box:  
 City:  
 State:  
 Zip:  
 Telephone No.:  
 Fax No.:  
 E-Mail Address:  
 Website Address:
8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: *Applying for*
10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is: *N/A*
11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.
- Name:  
 Title:  
 Street/Post Office Box:  
 City:  
 State:  
 Zip:  
 Telephone No.:  
 Fax No.:  
 E-Mail Address:  
 Website Address:
13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

14. Provide F.E.I. Number (if applicable): 26-0773589

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Dave Knotek  
 Title: Tax Clerk  
 Street name & number: 200 Public Square Suite 700  
 Post office box:  
 City: Cleveland  
 State: Ohio  
 Zip: 44114  
 Telephone No.: (216) 875-4214  
 Fax No.: (216) 241-2574  
 E-Mail Address:  
 Website Address:

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

Name: Jimmy Rapaccioli  
 Title: CFO  
 Street name & number: 200 Public Square Suite 700  
 Post office box:  
 City: Cleveland  
 State: Ohio  
 Zip: 44114  
 Telephone No.: (216) 241-2555  
 Fax No.: (216) 241-2574  
 E-Mail Address:  
 Website Address:

(c) Complaints/Inquiries from customers:

Name: De Ann Dominish  
 Title: Accountant  
 Street/Post Office Box: 200 Public Square Suite 700  
 City: Cleveland  
 State: Ohio  
 Zip: 44114  
 Telephone No.: (216) 875-4310  
 Fax No.: (216) 241-2574  
 E-Mail Address:  
 Website Address:

**16. List the states in which the applicant:**

(a) has operated as a Pay Telephone Service provider.

*Various applying for*

(b) has applications pending to be certificated as a Pay Telephone Service provider.

*Various*

(c) is certificated to operate as a Pay Telephone Service provider.

*Various*

(d) has been denied authority to operate as a Pay Telephone Service provider and the circumstances involved.

*None*

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

*None*

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

*None*

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

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), 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) 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.

*None*

(c) 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*

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.


**RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of pay telephone service (PATS) in Florida.

**APPLICANT ACKNOWLEDGEMENT:** 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."

Company Owner or Officer

Print Name:  
Title:  
Telephone No.:  
E-Mail Address:

Signature: 

Date: 9/19/2007

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

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

sale

N/A

transfer

assignment

of the certificate.

**Company Owner or Officer**

Print Name:

Title:

Street/Post Office Box:

City:

State:

Zip:

Telephone No.:

Fax No.:

E-Mail Address:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_