

RECEIVED-FPSC

09 NOV -6 AM 10:18

COMMISSION  
CLERK

FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF REGULATORY COMPLIANCE

DISTRIBUTION CENTER

09 NOV -6 PM 7:21

090503

**APPLICATION FORM  
for  
AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE  
TELECOMMUNICATIONS COMPANY SERVICE  
WITHIN THE STATE OF FLORIDA**

**Instructions**

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 8).
- B. Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and one copy of this form along with a non-refundable application fee of **\$400.00** to:

**Florida Public Service Commission  
Office of Commission Clerk  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 323990850  
(850) 4136770**

Check received with this and forwarding  
to Fiscal for deposit. Fiscal to forward  
deposit information to Records.

Initials of person who forwarded check:

- E. A filing fee of **\$400.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.815, F.A.C.).
- F. If you have questions about completing the form, contact:

COM \_\_\_\_\_  
 APA \_\_\_\_\_  
 ECR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 RAD \_\_\_\_\_  
 SSC \_\_\_\_\_  
 ADM \_\_\_\_\_  
 OPC \_\_\_\_\_  
 CLK \_\_\_\_\_

**Florida Public Service Commission  
Division of Regulatory Compliance  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 323990850  
(850) 4136600**

FORM PSC/RCP 8 (5/08)  
Commission Rule Nos. 25-24.810,  
and 25-24.815

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

11 165 NOV -6 8

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 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.

2. Name of company: Likwid Communications Inc.
3. Name under which applicant will do business (fictitious name, etc.):

Likwid Communications

4. Official mailing address:

Street/Post Office Box: PO Box 1927  
City: Inverness  
State: Florida  
Zip: 34451

5. Florida address:

Street/Post Office Box: 503 W. Dampier St.  
City: Inverness  
State: Florida  
Zip: 34450

6. Structure of organization:

Individual  
Foreign Corporation  
General Partnership  
Other,

Corporation  
Foreign Partnership  
Limited Partnership

7. **If individual**, provide:

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: P08000070931

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

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:

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): 263064133

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

(a) The application:

Name: Christopher Smith  
Title: President/CEO  
Street name & number:  
Post office box: PO Box 1027  
City: Inverness  
State: Florida  
Zip: 34451  
Telephone No.: 352-726-1236  
Fax No.: 352-419-0670  
E-Mail Address: chris@golikwid.com  
Website Address: www.golikwid.com

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

Name: Christopher Smith  
Title: President/CEO  
Street name & number:  
Post office box: PO Box 1927  
City: Inverness  
State: Florida  
Zip: 34451  
Telephone No.: 352-726-1236  
Fax No.: 352-419-0670  
E-Mail Address: chris@golikwid.com  
Website Address: www.golikwid.com

(c) Complaints/Inquiries from customers:

Name: Christopher Smith  
Title: President/CEO  
Street/Post Office Box: PO Box 1927  
City: Inverness  
State: Florida  
Zip: 34451  
Telephone No.: 352-726-1236  
Fax No.: 352-419-0670  
E-Mail Address: chris@golikwid.com  
Website Address: www.golikwid.com



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

(a) has operated as a Competitive Local Exchange Telecommunications Company.

n/a

(b) has applications pending to be certificated as a Competitive Local Exchange Telecommunications Company.

n/a

(c) is certificated to operate as a Competitive Local Exchange Telecommunications Company.

n/a

(d) has been denied authority to operate as a Competitive Local Exchange Telecommunications 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

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.

n/a

(b) granted or denied a competitive local exchange certificate in the State of Florida (this includes active and canceled competitive local exchange certificates). If yes, provide explanation and list the certificate holder and certificate number.

n/a

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

n/a

18. Submit the following:

(a) Managerial capability: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

(b) Technical capability: 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: applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. 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.

**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 competitive local exchange telecommunications company (CLEC) service 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 competitive local exchange telecommunications 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.**"

Company Owner or Officer

Print Name: Christopher Smith  
Title: President/CEO  
Telephone No.: 352-726-1236  
E-Mail Address: chris@golikwid.com

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



Date: 11-9-09



# Audio/Visual Technician

## Expertise

Skilled in all aspects of sound and lighting production and technical direction for special events, including an established tour and the theater.

Background in the setup of lighting trussing, electrical wiring, conventional and intelligent lighting.

Background in the setup of audio consoles, amplifiers, microphones, loudspeakers, and related equipment.

Familiar with Microsoft Windows, Microsoft Office, ETC Consoles, Grand MA, Vector Works, Smart Draw, Ots DJ, S.M.A.A.R.T.

## Relevant Experience

### TECHNICAL DIRECTOR, THE NEW COLE BROTHERS CIRCUS

#### DELAND, FLORIDA - 2006

- Managed the crew for all sound, lighting, electrical and special effects setups.
- Functioned as stage manager; oversaw lighting, sound design.
- Upgraded the lighting system including the replacement of old dimmers and the addition of socopex with empte dimmer units.
- Negotiated Buying contracts with vendors.
- Maintained adequate supplies for department.
- Completed additional office and clerical duties.

### LIGHTING DIRECTOR, CLYDE BEATTY COLE BROTHERS CIRCUS

#### DELAND, FLORIDA - 2001-2004

- Upgraded the lighting system including the addition of moving lights.
- Upgraded lighting control system from a simple lighting console to an ETC Express 250 (including programing).
- Negotiated buying contracts with vendors.

### TECHNICIAN, ARABIAN NIGHTS

#### KISSIMMEE, FLORIDA - 1998-2001

- Programmed lighting consoles and installed new sound equipment.
- Operated spotlights, lighting consoles and sound boards during performances.
- Repaired and maintained lighting, sound and special effects equipment.

### USHER, REGAL CITRUS CINEMAS

#### INVERNESS, FLORIDA - 1996-1998

- Assisted guests to their seats.
- Responsible for the collection and counting of tickets.
- Maintained a clean and safe environment for Guests.

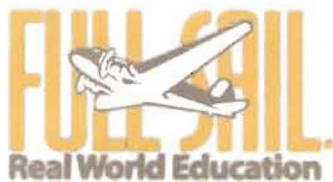
## Education

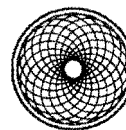
Full Sail Real world Education; Winter Park, Florida

A.S. Degree, Show Production and Touring, 2007

B.S. Degree, Entertainment Business, 2007

M.S. Degree, Entertainment Business, 2009 (Current Student)





Likwid Communications Inc.

# Marguerite R. Smith

Chief Financial Officer

503 W. Dampier St.  
Inverness, FL  
T (352) 726-1236  
F (352) 419-0670  
becky@golikwid.com  
[www.golikwid.com](http://www.golikwid.com)

## Profile

With over 17 years of experience running a multimillion dollar budget with regular audits and reviews, I feel I am more than qualified to handle the fiscal operations of Likwid Communications Inc.

## Experience

### **Senior Accountant, Citrus County Sheriff's Office; Inverness, FL - 1996-2009**

Positions held during my time with the Sheriff's Office include; Accounts Payable clerk, Payroll clerk, budget clerk, and Fiscal Services Director.

## Education

Saint Leo University

Masters of Business Administration - Specializing in accounting - 2003

## Skills

Quarta seacula per humanitatis formas litterarum anteposuerit claram parum putamus!  
Litterarum anteposuerit claram parum putamus nunc quam, euismod nibh nonummy diam sed elit adipiscing consectetur amet sit dolor ipsum Lorem.

## Referrals

Available upon request

11/05/09

Likwid Communications Inc.  
**Balance Sheet Standard**  
As of December 31, 2008

	<u>Dec 31, '08</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
Bank Mercantile	1,121.04
<b>Total Checking/Savings</b>	1,121.04
<b>Accounts Receivable</b>	
Accounts Receivable	112.93
<b>Total Accounts Receivable</b>	112.93
<b>Other Current Assets</b>	
Due From	150.00
<b>Total Other Current Assets</b>	150.00
<b>Total Current Assets</b>	1,383.97
<b>TOTAL ASSETS</b>	<u><u>1,383.97</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
Due To	450.00
Sales Tax Payable	84.36
<b>Total Other Current Liabli...</b>	534.36
<b>Total Current Liabilities</b>	534.36
<b>Total Liabilities</b>	534.36
<b>Equity</b>	
Net Income	849.61
<b>Total Equity</b>	849.61
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>1,383.97</u></u>

11/05/09

**Likwid Communications Inc.**  
**Income by Customer Summary**  
January through December 2008

	<u>Jan - Dec '08</u>
<b>Citrus Diabetes Treatment Ce...</b>	929.71
<b>Likwid Productions</b>	-16.95
<b>The Park Avenue of Hair Desl...</b>	769.79
<b>TSPA Inverness</b>	891.76
<b>TOTAL</b>	<u><u>2,574.31</u></u>