

DEPOSIT DATE

110044-TA

CIC# 4686
\$ 250.00

JAN 31 2011

RECEIVED-FPSC

1-28-11
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 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.

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: Network Innovations, Inc.

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

Network Innovations, Inc.

4. Official mailing address:

Street/Post Office Box: 1101 West Lake Street, 6th Floor
City: Chicago
State: IL
Zip: 60607

5. Florida address:

Street/Post Office Box: 1200 S. Pine Island Road
City: Plantation
State: FL
Zip: 33324

6. Structure of organization:

COM _____
APA _____
ECR _____
GCL _____
RAD 1 _____
SSC _____
ADM _____
OPC _____
CLK Grant _____

Individual
 Foreign Corporation
 General Partnership
 Other,

Corporation
 Foreign Partnership
 Limited Partnership

DISTRIBUTION CENTER
11 JAN 28 AM 11:17

FORM PSC/RAD 43 (5/08)
Commission Rule Nos. 25-24.720,
25-24.730

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

00703 JAN 28 =



Judith A. Riley, J.D.

5909 Northwest Expressway, Suite 101
Oklahoma City, OK 73132

January 26, 2011

11 0044-TA

VIA UPS Express Delivery

Florida Public Service Commission
Telecommunications Division
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850
(850) 413-6600

RE: Network Innovation, Inc.
Application to Provide Alternative Access Vendor Services

Enclosed please find an original and one (1) copies of the above entitled application for Network Innovation, Inc. Also enclosed is a check number 4686 in the amount of \$250.00, for the required filing fees.

Please acknowledge receipt of this filing by returning the duplicate letter in the enclosed self addressed stamped envelope.

Should there be any questions or additional information required, please do not hesitate to contact me at (405) 755-8177 ext. 25, or by email at amckay@telecompliance.net

Sincerely,

A handwritten signature in black ink that reads "Alicia G. McKay". The signature is fluid and cursive.

Alicia G. McKay
Regulatory Agent

Enclosures

DOCUMENT NO. DATE
00703-11-211
FPSC - COMMISSION CLERK

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:

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: F06000000332

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): 36-4481206

15. 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?

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(c) Who will the billed party contact to ask questions about the bill?

Name: Customer Service and Billing
Title:
Telephone No.: 1-866-892-0915
E-Mail Address: <http://www.nitelusa.com/pages/contact/6.php>

(d) How is this information provided? This information is on each invoice presented to customers.

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

(a) The application:

Name: Alicia G. McKay
Title: Regulatory Agent
Street name & number: 5909 NW Expressway, Suite 101
Post office box:
City: Oklahoma City,
State: OK
Zip: 73132
Telephone No.: 405-755-8177 x 25
Fax No.: 405-755-8377
E-Mail Address: amckay@telecompliance.net
Website Address: <http://telecompliance.net/>

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

Name: Rich Stern
Title: President
Street name & number: 1101 W. Lake Street, 6th Floor
Post office box:
City: Chicago
State: IL
Zip: 60607
Telephone No.: 773-770-1360
Fax No.: 773-770-0256
E-Mail Address: rstern@nitelusa.com
Website Address: <http://www.nitelusa.com/pages/home/1.php>

(c) Complaints/Inquiries from customers:

Name: Ronald Grason
Title: Vice President
Street/Post Office Box: 1101 W. Lake Street, 6th Floor
City: Chicago
State: IL
Zip: 60607
Telephone No.: 773-770-1360
Fax No.: 773-770-0256
E-Mail Address: rgrason@nitelusa.com
Website Address: <http://www.nitelusa.com/pages/home/1.php>

17. List the states in which the applicant:

(a) has operated as an Alternative Access Vendor.

All 50 states and Canada

(b) has applications pending to be certificated as an Alternative Access Vendor.

None pending at this time

(c) is certificated to operate as an Alternative Access Vendor.

Company has authority to operate as CLEC, IXC, or Alternative in all 50 States

(d) has been denied authority to operate as an Alternative Access Vendor and the circumstances involved.

Company has never been denied authority.

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

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

18. 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 an alternative access vendor certificate in the State of Florida (this includes active and canceled alternative access vendor 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.

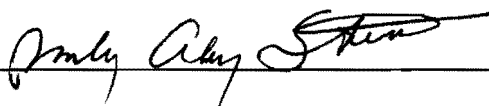
RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of alternative access vendor (AAV) service in Florida.

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 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: Rick Stern
Title: President
Telephone No.: 773-770-1360
E-Mail Address: rstern@nitelusa.com

Signature: 

Date: 01/29/2011