Expert Telecom Compliance, Inc.

1725 Windward Concourse Suite 150 Alpharetta, Georgia 30005

FILED JUN 29, 2015 DOCUMENT NO. 04014-15 FPSC - COMMISSION CLERK

Telephone: (770) 232-9200 Facsimile: (770) 232-9208

June 29, 2015

VIA ELECTRONIC DELIVERY

Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

Re: FCC Form 481 – Global Connection Inc. of America

Dear Sir/Madam:

Pursuant to 47 C.F.R. § 54.422, enclosed please find for filing:

- (a) ETC Annual Report pursuant to 47 C.F.R. 54.422 (FCC Form 481)
- (b) Undocketed
- (c) On behalf of Global Connection Inc. of America
- (d) Heather Kirby
 1725 Windward Concourse, Ste 150
 Alpharetta, Georgia 30005
 etclifelineforms@cgminc.com
 770-232-7805

Please do not hesitate to contact me if you have any questions regarding this filing.

Respectfully submitted,

s/

Heather Kirby, Regulatory Specialist Expert Telecom Compliance, Inc.

Attachment

FCC For	m 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0 July 2013	0986/OMB Control N	o. 3060-0819
<010>	Study Area Code	219016				
<015>	Study Area Name	Global Connecti	on Inc of America			
<020>	Program Year	2016				
<030>	Contact Name: Person USAC should contact with questions about this data	Edward Smith				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6787416246 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	Esmith@GCIOA.co	m			
ANNUA	L REPORTING FOR ALL CARRIERS				54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached wo	rksheet)		
<200>	Outage Reporting (voice)		(complete attached wo	rksheet)		~
<210>	check box if no	outages to report]		())))
<300>	Unfulfilled Service Requests (voice)					
<310>	Detail on Attempts (voice)					
				(attach descriptive do	cument)	
<320>	Unfulfilled Service Requests (broadband)					
<330>	Detail on Attempts (broadband)			(attach descriptive d	ocument)	
<400>	Number of Complaints per 1,000 customers (voice)					
<410>	Fixed 0.0					~
<420> <430>	Mobile	and)				
<440>	Fixed					
<450> <500>	Mobile Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate cert	ification)		 ✓
<510>			(attached descriptiv	re document)		
<600>	Functionality in Emergency Situations		(check to indicate cert	ification)		<i>v</i>
			(attached descriptive d	ocument)		
<610>						
<700>	Company Price Offerings (voice)		(complete attached w			
<710>	Company Price Offerings (broadband)		(complete attached w			✓ 1
<800> <900>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?		(complete attached we (if yes, complete attached we			
	Voice Services Rate Comparability Certification					
<1010>			(attach descriptive do	ocument)		
<1100>	Certify whether terrestrial backhaul options exist ('es or No) O	(if not, check to indic	ate certification)		
<1110>			(complete attached w			
<1200>	Terms and Condition for Lifeline Customers		(complete attached w	orksheet)		r
	Price Cap Carriers, Proceed to <u>Price Cap Additional</u>					
<2000>	Including Rate-of-Return Carriers affiliated with Pr	ce cup Locul Excli	(check to indicate cert	ification)		UUU
<2005>	Data of Datum Comises Descend to DOD Additional		(complete attached wo	orksheet)		
<3000>	Rate of Return Carriers, Proceed to <u>ROR Additional</u>	Documentation W	Vorksheet (check to indicate cert	ification)		
<3005>			(complete attached wo			

	ervice Quality Improvement Reporting Illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219016	
<015>	Study Area Name	Global Connection Inc of America	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416246 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOA.com	
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no) O O	
<111>	year plan" filed with the FCC?	(yes / no) O O	
<112>	54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confi that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall b submitted at the wire center level or census block as appropriate.	e-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	prove service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to impr	_	=
<11/2			

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416246 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOA.com

<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected			Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
	-											
				-								

(700) Price Offerings including Voice Rate Data FCC Form 481 Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 July 2013

<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416246 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOA.com

1/1/2015

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
l					1	1	1		1

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416246 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOA.com

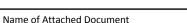
711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached { <i>select</i> }

• • •	erating Companies ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0 July 2013
<010>	Study Area Code		219016
<015>	Study Area Name		Global Connection Inc of America
<020>	Program Year		2016
<030>	Contact Name - Person	USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	6787416246 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	Esmith@GCIOA.com
<810>	Reporting Carrier	Global Connection Inc. of America	
<811>	Holding Company	Global Connection Holdings Corporation	
<812>	Operating Company	Global Connection Inc. of America	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
_			
_			
_			
_			
_			
_			
_			

(900) Tribal Lands Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219016	
<015>	Study Area Name	Global Connection Inc of America	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416246 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOA.com	
<910>	Tribal Land(s) on which ETC Serves		

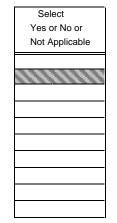
<920>	Tribal Government Engagement Obligation
-------	---



If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to

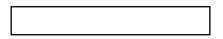
§ 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

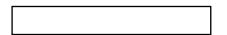


(1100) No	o Terrestrial Backhaul Reporting	FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416246 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOA.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).



<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).



(1200) Te	erms and Condition for Lifeline Customers		FC	C Form 481
Lifeline			10	VB Control No. 3060-0986/OMB Control No. 3060-0819
Data Col	ection Form		Jul	ly 2013
<010>	Study Area Code		219016	
<015>	Study Area Name		Global Connection Inc of America	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding this data		Edward Smith	
<035>	Contact Telephone Number - Number of person identified in data line <	<030>	6787416246 ext.	
<039>	Contact Email Address - Email Address of person identified in data line	<030>	Esmith@GCIOA.com	
		Г	Gra Fr. 1010 15	
			GLC FL 1210.pdf	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
			Name	of Attached Document
<1220>	Link to Public Website H1	ТТР		
	heck these boxes below to confirm that the attached document(s), on line 1210),		
	bsite listed, on line 1220, contains the required information pursuant to			
§ 54.422	(a)(2) annual reporting for ETCs receiving low-income support, carriers must			
annually	report:			
		 i		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	~		
	telephony service plans offered to Enemine subscribers,			
	r r			
<1222>	Details on the number of minutes provided as part of the plan,	~		
<1223>	Additional charges for toll calls, and rates for each such plan.	~		
12232				

((2000) Price Cap Carrier Additional Documentation	FCC Form 481
C	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
	<010> Study Area Code	
	<015> Study Area Name	2130119
	<020> Program Year	Global Connection inc of America
	<030> Contact Name - Person USAC should contact regarding this data	2016

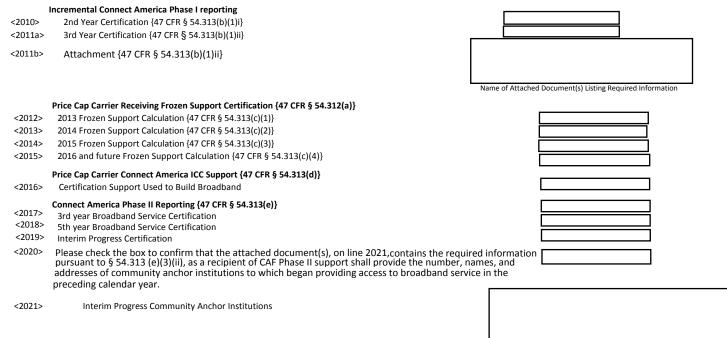
<039> Contact Email Address - Email Address of person identified in data line <030> Esmith@GCIOA.com

Edward Smit

Contact Telephone Number - Number of person identified in data line <030>

<035>

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.



Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416246 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOA.com
CHECK t		nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 he information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan Milestone Certification {47 CFR § 54.313(f)(1)(i)}	
		Name of Attached Document Listing Required Information
	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre providing access to broadband service in the preceding calendar year.	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313{f}(2)} If yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § $54.313(f)(2)$, contains	
(3019)	Either a copy of their audited financial statement; or (2) a financial report $% \left({n = 0} \right)$ in a financial report $\left({n = 0} \right)$	
(3020) (3021)	Document(s) for Balance Sheet, Income Statement and Statement of C	
(3021)	Management letter and audit opinion issued by the independent certified p	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	
(3023)	Underlying information subjected to a review by an independent certified public accountant	
(3024)	Underlying information subjected to an officer certification.	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows
(3026)	Attach the worksheet listing required information	
	_	Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416246 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOA.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

rvice(TPIS)	

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416246 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOA.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the	Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Study Area Code of Reporting Carrier: Persons willfully making false statements on this form can be	Filing Due Date for this form: bunished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fin under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219016
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416246 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOA.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Expert Telecom Compliance, Inc. is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Expert Telecom Compliance, Inc Name of Reporting Carrier: Global Connection Inc of America Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/26/2015 Printed name of Authorized Officer: Edward Smith Title or position of Authorized Officer: CFO Telephone number of Authorized Officer: 6787416246 ext.

Filing Due Date for this form: 07/01/2015 Study Area Code of Reporting Carrier: 219016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier: Global Connection Inc of America				
Name of Authorized Agent or Employee of Agent: Expert Telecom Compliance, Inc				
ignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/26/2015				
Printed name of Authorized Agent or Employee of Agent: Heather Kirby				
itle or position of Authorized Agent or Employee of Agent Regulatory Specialist				
Telephone number of Authorized Agent or Employee of Agent: 7702327805 ext.				
Study Area Code of Reporting Carrier: 219016 Filing Due Date for this form: 07/01/2015				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Attachments

FLORIDA RATES

Residential Local Exchange Service

Installation Charges

AT&T Areas	All Other Areas
\$40.00	\$85.00
\$28.00	\$28.00
\$20.00	\$20.00
\$35.00	\$35.00
\$59.95	\$59.95
\$15.00	\$15.00
\$40.00	\$40.00
\$15.00	\$15.00
	Areas \$40.00 \$28.00 \$20.00 \$35.00 \$59.95 \$15.00 \$40.00

*The Connection Fee may be collected over a 12 month payment plan. The Company may discount or waive the Connection fee for Lifeline customers.

Service Rates

	AT&T Areas	All Other Areas
Monthly Residential Service Basic	\$33.45	\$49.45
Advantage (includes caller ID plus Call Waiting; also includes 250 minutes LD)	\$38.45	\$59.45
Premium (includes 7 calling features and 250 minutes LD)	\$43.45	N/A
Directory Assistance, per call	\$2.99	\$2.99

Discounts

Lifeline customers receive a \$12.75 discount off of the monthly price of their service plan.

FLORIDA RATES

Optional Features

The following features are included with a Customer's local service that elects to purchase the Company's UNE package. A Customer that elects to purchase the Company's basic package may add one or more of the following features at the monthly price indicated:

Call Waiting	\$8.00
Call Waiting Deluxe	\$10.00
Call Forwarding	\$10.00
Three Way Calling	\$10.00
Speed Dial	\$10.00
Call Return	\$10.00
Caller ID / Caller ID Deluxe	\$12.00
Call Block	\$10.00
Call Tracing	\$10.00
LD 250 minutes	\$5.00
LD unlimited minutes	\$10.00

Optional Services

Unpublished Number*	\$7.00
Maintenance Plan	\$7.50
*Requires Change fee	