DEPOSIT

DATE

1. This is an application for (check one): D 0 25 4 0CT 2 6 1998



- Approval of transfer of existing certificate: <u>Example</u>, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.
- () Approval of assignment of existing certificate: <u>Example</u>, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.
- () Approval of transfer of control: <u>Example</u>, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.
- 2. Name of company;

42 communicatins, Inc.

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

DCT 26 II 32 AH '98

5 qme

Official mailing address (including street name & number, post office box, city, state, zip code):

Tacksonville, FL 32208

Florida address (including street name & number, post office box, city, state, zip code):

Tacksonville, FL 33208

	6.	Structure of organization;
		() Individual () Corporation () Foreign Corporation () Foreign Partnership () General Partnership () Limited Partnership () Other,
	7.	If individual. provide:
		Name :
		Title :
		Address:
		City/State/Zip:
		Telephone No.: Fax No.:
		Internet E-Mail Address:
		Internet Website Address:
	8.	If incorporated in Florida, provide proof of authority to operate in Florida:
		(a) The Florida Secretary of State corporate registration number: P9800066004
	9.	<pre>If foreign corporation. provide proof of authority to operate in Florida:</pre>
		(a) The Florida Secretary of State corporate registration number:
	10.	If using fictitious name-d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:
		(a) The Florida Secretary of State fictitious name registration number:
	11.	If a limited liability partnership, provide proof of registration to operate in Florida:
		(a) The Florida Secretary of State registration number: NA
FORM	PSC/CMU	8 (6/98)

12.	If a partnership, provide name, title and address of all partne and a copy of the partnership agreement.
	Name : N/A
	Title :
	Address:
	City/State/Zip:
	Telephone No.: Fax No.:
	Internet E-Mail Address:
	Internet Website Address:
13.	If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.
	(a) The Florida registration number: N/A
14.	Provide <u>FEID Number(if applicable):</u>
15.	Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:
	(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation .
	N/A
	(b) 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.

10.	following?
(a)	The application:
	Name : DARWIN URANE.
	Title : CED
	Address: 1603 Edgewood five wste
	City/State/Zip: Tacksonville, FL 32208
	Telephone No.: (904) 645-8885 Fax No.:
	Internet E-Mail Address:
	Internet Website Address:
(b)	Official point of contact for the ongoing operations of the company:
	Name :
	Title :
	Address:
	City/State/Zip:
	Telephone No.: Fax No.:
	Internet E-Mail Address:
	Internet Website Address:
(c)	Complaints/Inquiries from customers:
	Name :
	Title :
	Address:
	City/State/Zip:
	Telephone No.: Fax No.:
	Internet E-Nail Address:
	Internet Website Address:

(a)	has operated as an alternative local exchange comp
N/A	
(b)	has applications pending to be certificated as an alternative local exchange company.
N	! A
(c)	is certificated to operate as an alternative local exchange company.
	<u> </u>
(d)	has been denied authority to operate as an alternational exchange company and the circumstances invol
	N/A
(e)	
	NJA
(f)	has been involved in civil court proceedings with interexchange carrier, local exchange company or of telecommunications entity, and the circumstances involved.

18. Submit the following:

A. Financial capability.

The application should contain the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The 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
- 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.

Further, the following (which includes supporting documentation) should be provided:

- written explanation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
- written explanation that the applicant has sufficient financial capability to maintain the requested service.
- written explanation that the applicant has sufficient financial capability to meet its lease or ownership obligations.
 - B. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
 - C. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

** APPLICANT ACKNOWLEDGEMENT STATEMENT **

- REGULATORY ASSESSMENT FEE: I understand that all telephone 1. companies must pay a regulatory assessment fee in the amount of .15 of one percent of its 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.
- GROSS RECEIPTS TAX: I understand that all telephone companies 2. must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
- 3. SALES TAX: I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- APPLICATION FEE: I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:	Dan Visie Signature	10-10-98 Date
	C€ \bigcircles	Telephone No.
Address:	Tax, FL 32208	Ste, 3 Fax No.

ATTACHMENTS:

- A CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT B CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
- C INTRASTATE NETWORK
- D AFFIDAVIT GLOSSARY

** APPENDIX B **

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please check one):

- (The applicant will not collect deposits nor will it collect payments for service more than one month in advance.
- () The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month. (The bond must accompany the application.)

UTILITY OFFICIAL:	Warn Usane Signature	10-10-98
(December of the Control of the Cont	Signature	Date
	CEO	
	Title	Telephone No.
Address:	1603 Edgewo	od Ave ste. 3
	Jax FL 3220	PAY NO

** APPENDIX D **

AFFIDAVIT

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 local exchange 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."

UTILITY OFFICIAL:	Da	Signature	10-10-98 Date
		CEO Title	Telephone No.
Address:	1603	Edgewood Ave w	ste 3
7	Jox	FL 32208	Fax No.

DATE

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38 OCT 28 WILL 35

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Tacksonville, FL 32208

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