

**FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF REGULATORY COMPLIANCE
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 32399-0850
(850) 413-6770**

- 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:

**Florida Public Service Commission
Division of Regulatory Compliance
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

DOCUMENT NUMBER - DATE
03935 APR 27 8
FPSC-COMMISSION CLERK

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: Netline Communications Corp.

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

Netline Communications Corp.

4. Official mailing address:

Street/Post Office Box: 2538 SW 30 Ave.
City: Hallandale
State: Florida
Zip: 33009

5. Florida address:

Street/Post Office Box: 2538 SW 30 Ave.
City: Hallandale
State: Florida
Zip: 33009

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: P04000100531

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: Not Applicable. Domestic corp.

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): 201343512

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

(a) The application:

Name: Alonzo Beyene of Regulatory Back Office, Inc.
Title: Regulatory Consultant to Applicant
Street name & number: 7925 NW 12 Street, Suite 300
Post office box:
City: Miami
State: Florida
Zip: 33126
Telephone No.: 305-477-7580
Fax No.: 305-477-7504
E-Mail Address: telecomstate@regbackoffice.com
Website Address: www.regbackoffice.com

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

Name: Joel Bendersky
Title: President
Street name & number: 2538 SW 30 Avenue
Post office box:
City: Hallandale
State: FL
Zip: 33009
Telephone No.: 011-562-656-0000
Fax No.: 011-562-299-7926
E-Mail Address: joel@netline.cl
Website Address: www.netline.cl

(c) Complaints/Inquiries from customers:

Name: Joel Bendersky
Title: President
Street/Post Office Box: 2538 SW 30 Avenue
City: Hallandale
State: FL
Zip: 33009
Telephone No.: 011-562-656-0000
Fax No.: 011-562-299-7926
E-Mail Address: joel@netline.cl
Website Address: www.netline.cl

Form of Application for Registration

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

1 In the Matter of the Application of the Applicant Named Below for Registration as an Interexchange Carrier Telephone Corporation Pursuant to the Provisions of Public Utilities Code Section 1013.

A.

Netline Communications Corp.
(Insert the full legal name of applicant; see instruction 1; attach fictitious names, if any) Street address: 2538 SW 30 Ave. Hallandale, FL 33009
US Office Telephone: (954) 727-3654 US Office Facsimile: (954) 727-3668 Global Headquarter Tel#: 011-562-656-0000 Global Headquarter Fax#: 011-562-299-7926

2 Applicant is: (Check only one; see instruction 2.)	<table style="width: 100%; border-collapse: collapse;"> <tr><td>A corporation (attach good standing certificate)</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>A limited partnership (attach good standing certificate)</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>A limited partnership (attach good standing certificate)</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>A limited liability company (attach good standing certificate)</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>A general partnership</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>A sole proprietor</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>A trust</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Other (describe)</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	A corporation (attach good standing certificate)	<input checked="" type="checkbox"/>	A limited partnership (attach good standing certificate)	<input type="checkbox"/>	A limited partnership (attach good standing certificate)	<input type="checkbox"/>	A limited liability company (attach good standing certificate)	<input type="checkbox"/>	A general partnership	<input type="checkbox"/>	A sole proprietor	<input type="checkbox"/>	A trust	<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>
A corporation (attach good standing certificate)	<input checked="" type="checkbox"/>																
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A limited partnership (attach good standing certificate)	<input type="checkbox"/>																
A limited liability company (attach good standing certificate)	<input type="checkbox"/>																
A general partnership	<input type="checkbox"/>																
A sole proprietor	<input type="checkbox"/>																
A trust	<input type="checkbox"/>																
Other (describe)	<input type="checkbox"/>																
<p><i>Attach name, street address, and telephone number of applicant's registered agent for service of process</i> <i>Attach list of the names, titles, and street addresses of all officers and directors, general partners, trustees, members, or other persons authorized to conduct the business of applicant at a similar level</i> <i>Attach list of all affiliated entities (see instruction 2)</i></p>																	

3 Legal domicile of applicant is: (Check only one; see instruction 3.)	<table style="width: 100%; border-collapse: collapse;"> <tr><td>California</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Other (identify): Florida</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> </table>	California	<input type="checkbox"/>	Other (identify): Florida	<input checked="" type="checkbox"/>
California	<input type="checkbox"/>				
Other (identify): Florida	<input checked="" type="checkbox"/>				

4 Applicant will operate as: (Check only one; see instruction 4.)	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Switchless reseller</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>Facilities-based carrier</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Switchless reseller	<input checked="" type="checkbox"/>	Facilities-based carrier	<input type="checkbox"/>
Switchless reseller	<input checked="" type="checkbox"/>				
Facilities-based carrier	<input type="checkbox"/>				

5 Applicant will	Statewide	<input checked="" type="checkbox"/>
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provide service:	In specific portions only (attach description and map)	<input type="checkbox"/>
(Check only one; see instruction 5.)		

6 Applicant will provide: voice and data telecommuni - cations only	True	<input checked="" type="checkbox"/>
	Not true	<input type="checkbox"/>
(Check only one; see instruction 6.)		

7 No affiliate, officer, director, general partner, or person owning more than 10% of applicant, or anyone acting in such a capacity whether or not formally appointed, held one of these positions with an IEC that filed for bankruptcy or has been found either criminally or civilly liable by a court of appropriate jurisdiction for a violation of 17000 et seq. of the California Business and Professions Code or for any actions which involved misrepresentations to consumers, and to the best of applicant's knowledge, is not currently under investigation for similar violations.	True	<input checked="" type="checkbox"/>
	Not true	<input type="checkbox"/>
(Check only one; see instruction 2.)		

8 To the best of applicant's knowledge, neither applicant, any affiliate, officer, director, partner, nor owner of more than 10% of applicant, or any person acting in such capacity whether or not formally appointed, has been sanctioned by the Federal Communications Commission or any state regulatory agency for failure to comply with any regulatory statute, rule or order.	True	<input checked="" type="checkbox"/>
	Not true	<input type="checkbox"/>

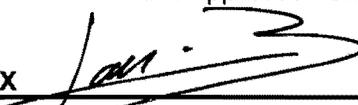
9 Applicant has a minimum of	True (attach documentation)	<input checked="" type="checkbox"/>
	Not true	<input type="checkbox"/>
(a) \$25,000 in the case of a switchless reseller OR (b) \$100,000 in the case of a facilities based applicant, in each case reasonably liquid and available to meet the firm's first-year expenses, including deposits required by local exchange carriers or interexchange carriers or (c) has profitable interstate operations to generate the required cash flow. (Check only one; see instruction 7.)		

10 Applicant has the required expertise to operate as an interexchange carrier of the type indicated in the application.	True	<input checked="" type="checkbox"/>
	Not true	<input type="checkbox"/>

11 Applicant is eligible for an exemption from tariffing requirements as set out in Commission Decision 98-08-031 and seeks such an exemption. (Check only one; see instruction 8.)	True	<input checked="" type="checkbox"/>
	Not true	<input type="checkbox"/>

I hereby declare under penalty of perjury under the laws of the State of California that the forgoing information, and all attachments, are true, correct, and complete to the best of my knowledge and belief after due inquiry, and that I am authorized to make this application on behalf of the applicant named above.

Signed:

X 
Name Joel Bendersky A.
Title President
Dated

Street 2538 SW 30 Ave.
Address Hallandale, FL 33009

US Office Telephone: (954) 727-3654
US Office Facsimile: (954) 727-3668
Global Headquarter Tel#: 011-562-656-0000
Global Headquarter Fax#: 011-562-299-7926

Instructions:

1. Enter the legal name of applicant exactly as it appears on its articles or certificate of corporation or similar charter document.
2. Good standing certificates are available from the office of the Secretary of State of the State of California and should be dated of a date not more than 60 days prior to the date of filing the application. An original certificate must be attached to the manually signed copy of the application. An affiliated entity is any entity under common control with applicant. Common control exists if the same individuals or entities have the direct or indirect power to determine the action of applicant and such entity through the right to vote shares, by contract or agreement, or otherwise. Note whether any such entity is a reporting company for purposes of the Securities Exchange Act of 1934, as amended.
3. For individuals, domicile is the place of legal residence; for entities, it is the state of incorporation or organization.
4. A switchless reseller only uses the switch of another carrier; a facilities based carrier uses its own switch as well as the facilities of another carrier. Only facilities which meet the requirements for exemption from the California Environmental Quality Act (CEQA) pursuant to Commission Rule of Practice and Procedure 17.1(h)(1)(A)(1.) may be included in a CPCN registration. All other facilities will require a formal application.
5. If service is to be provided to less than the entire State of California, specify the exact area for which authority is requested.
6. Applicants which will provide services other than ordinary voice and data communications may not use the registration system.
7. Attach audited balance sheet for the most recent fiscal year and an unaudited balance sheet as of the most recent fiscal quarter, a bank statement as of the month prior to the date of filing the application, or a third-party undertaking to provide the required amounts on behalf of applicant. If the balance sheet shows current liabilities in excess of current assets or negative equity, explain how applicant will be able to maintain sufficient liquidity for its first year of operations.
8. All NDIECs exempt from tariffing requirement must comply with the Consumer Protection Rules adopted in Decision 98-08-031.

Applicant's registered agent:

List of names of officers / directors etc.:

Officers:

Name: **Joel Bendersky, President**
Address: **2538 SW 30 Ave., Hallandale, FL 33009**
Phone#: **011-562-656-0000**
Fax#: **011-562-299-7926**
Email: **joel@netline.cl**
Website: **www.netline.cl**

Name: **Daniel Bendersky, Vice President**
Address: **2538 SW 30 Ave., Hallandale, FL 33009**
Phone#: **011-562-656-0000**
Fax#: **011-562-299-7926**
Email: **dbenders@netline.cl**
Website: **www.netline.cl**

Directors:

Name: **Joel Bendersky**
Address: **2538 SW 30 Ave., Hallandale, FL 33009**
Phone#: **011-562-656-0000**
Fax#: **011-562-299-7926**
Email: **joel@netline.cl**
Website: **www.netline.cl**

Name: **Daniel Bendersk**
Address: **2538 SW 30 Ave., Hallandale, FL 33009**
Phone#: **011-562-656-0000**
Fax#: **011-562-299-7926**
Email: **dbenders@netline.cl**
Website: **www.netline.cl**

No affiliated entities at this time.

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

Netline Communications Corp. :
Application for a certificate of :
interexchange authority :
to operate as a reseller of telecommunications :
services statewide in the State of Illinois. :

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)
Netline Communications Corp.

FEIN # 201343512

Address: Street 2538 SW 30 Avenue

City Hallandale State/Zip FL 33009

2. Authority Requested: (Mark all that apply) 13-403 Facilities Based Interexchange
 13-404 Resale of Local and/or Interexchange
 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

- Part 710 Uniform System of Accounts for Telecommunications Carriers
 Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois
 Section 735.180 Directories
 Other

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?
 YES (Please provide details) _____ NO

In the state of Florida, applicant's CLEC and IXC license was cancelled for failure to file an annual report. Applicant has since that time established annual and ad-hoc compliance filings procedures to ensure the timely filings of required compliance items.

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?
_____ YES NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?
 YES _____ NO

If YES, please list. **Fictitious name ipsmile.com and clubip.com**

13. Will the Applicant keep its books and records in Illinois? _____ YES NO
If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. **See attachment B**

15. List officers of Applicant.

Joel Bendersky, President & Director _____

Daniel Bendersky, Vice President and Director

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES NO
If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill consumers on a monthly post paid basis but in certain cases may allow a prepaid product per the preference of the consumer. Applicant will bill consumers based on usage and the details of the billing statement will show usage as well as US Federal & State regulatory taxes & fees applicant is to collect from consumer based on consumer's usage.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)
Consumers with service, billing or repair comments or complaints will be able to reach applicant at its toll free# of 1-(888) 883-8964. If the comment or complaint cannot be addressed at the customer service level, the item will be escalated up the management hierarchy of applicant. Consumer will be notified of the right to seek assistance from the Commission.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? YES NO

20. What telephone number(s) would a customer use to contact your company?

Toll Free# 1-(888) 883-8964

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

YES NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772? **Not Applicable.**

Applicant is not seeking to operate as a LEC or CLEC

YES NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

YES NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? YES NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Mainly long distance (US Interstate and US to International) calling services provided via VoIP enabled devices sold by applicant to the consumer

28. Will technical personnel be available at all times to assist customers with service problems?

YES NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration

for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? _____ YES _____ NO

X _____
(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of _____

)ss

County of _____

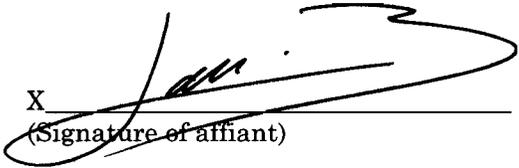
Joel Bendersky makes oath and says that he is
(Insert here the name of affiant)

President
(Insert the official title of the affiant)

of

Netline Communications Corp.
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

X

(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ _____
(Title of person authorized to administer oaths)

in the State and County above named, this ____ day of _____, ____.

(Signature of person authorized to administer oath)

Standard Questions for Applicants Seeking Local Exchange Service Authority

1. Is your company seeking any waivers or variances of certain Commission rules and regulations in this proceeding that pertain to local exchange service? Please provide evidence as to why your company is seeking any waiver or variance.
2. Will your company comply with 83 Illinois Administrative Code Part 772, Pay-Per-Call Services, including Part 772.55(a)(1), Billing and Part 772.100(d) Notices?
3. Will your company comply with 83 Illinois Administrative Code Part 705, Preservation of Records of Telephone Utilities?
4. Will your company abide by 83 Illinois Administrative Code Part 735, "Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Telephone Utilities in the State of Illinois"?
5. Will your company abide by 83 Illinois Administrative Code Part 732, "Customer Credits"?
6. Who will provide customer repair service for your company?
7. How many people does the company employ?
8. Will your company meet the requirements as they pertain to the Telephone Assistance Programs imposed by Sections 13.301 and 13.301.1 of the Illinois Public Utilities Act and 83 Illinois Administrative Code Part 757?
9. Will your company solicit, collect, and remit the voluntary contributions from its telephone subscribers to support the Telephone Assistance Programs?
10. Does your company plan on filing to become an Eligible Telecommunications Carrier?
11. Does the company realize that it will not be able to receive any of the federal reimbursements for the Lifeline and Link Up Programs if it is not an eligible carrier?
12. Will your company offer all of the waivers associated with the Universal Telephone Service Assistance Programs (UTSAP)?
13. Will your company abide by the regulations as prescribed in 83 Illinois Administrative Code Part 755, "Telecommunications Access for Persons with Disabilities," 83 Illinois Administrative Code Part 756 "Telecommunications Relay Service," and Sections 13-703 of the Illinois Public Utilities Act?
14. Will the company's billing system be able to distinguish between resale and facilities based service for the collection of the ITAC line charge?
15. Has your company signed and return the Universal Telephone Assistance Corporation ("UTAC") and the Illinois Telecommunications Access Corporation ("ITAC") to Commission staff?
16. How does your company plan to solicit customers once it begins to provide local service?
17. Has your company provided service under any other name?
18. Have any complaints or judgments been levied against the company? (Instate, out-of-state, or FCC).

Appendix B

9-1-1 Questions for Applicants Seeking Local Exchange Service Authority

1. Will your company ensure that 911 traffic is handled in accordance with the 83 Illinois Administrative Code Part 725 and the Emergency Telephone System Act?
2. Will your company contact and establish a working relationship with the 911 systems when you begin to provide local telephone service?
3. Will your company coordinate with the incumbent LEC(s) and local 911 systems to provide transparent service for your local exchange customers?
4. Who will be responsible for building and maintaining the 911 database for your local exchange customers?
5. How often will your company update the 911 database with customer information?
6. Will your company's billing system have the ability to distinguish between facilities based and resale for the collection of the 911 surcharge?
7. Does your company have procedures for the transitioning of the 911 surcharge collection and disbursement to the local 911 system?
8. Will your company's proposal require any network changes to any of the 911 systems?
9. Will your company be able to meet the requirements specified under Part 725.500(o) and 725.620(b) for the installation of call boxes?
10. Does your company plan to file for a waiver of Part 725.500(o) and 725.620(b) in the future?

Financial Questions for Applicants Seeking Local Exchange Service Authority

1. (Answer if requesting waiver of Part 710) What circumstances warrant a departure from the prescribed Uniform System of Accounts (“USOA”)?
2. Will records be maintained in accordance with Generally Accepted Accounting Principles (“GAAP”)?
3. Will applicants accounting system provide an equivalent portrayal of operating results and financial condition as the USOA?
4. Will applicants accounting procedures maintain or improve uniformity in substantive results as among similar telecommunications companies?
5. Will applicant maintain its records in sufficient detail to facilitate the calculation of all applicable taxes?
6. Does the accounting system currently in use by applicant provide sufficiently detailed data for the preparation of Illinois Gross Receipts Tax returns? What specific accounts or sub-accounts provide this data?
7. If a waiver of Part 710 is granted, will applicant provide annual audited statements or all periods subsequent to granting of the waiver?
8. Does applicant agree that the requested waiver of Part 710 will not excuse it from compliance with future Commission rules or amendments to Part 710 otherwise applicable to the Company?
9. Please attached a copy of applicant’s chart of accounts.

Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority

1. Will customers have the ability to sign up with any long distance company they choose?
2. Will customers have the ability to use dial around long distance companies?
3. Does the applicant have interexchange authority in Illinois? If yes, please provide the docket number.
4. Will customers have access to the Illinois Relay Service?
5. Will customers be able to make 1-800 calls for free?
6. Will the Company offer operator services?
7. Please describe how applicant plans to collect the monthly fee to be paid in advance.
8. Will customers' monthly bills show a breakdown of services, features, surcharges, taxes, etc.?
9. Will customers pay an installation fee? If yes, will payment arrangements be offered for the installation fee?
10. Will telephone service be in the Company's name or the customer's name. If in the Company's name how will information appear in data bases, such as 9-1-1, directory assistance, etc.?
11. Will applicant offer prepaid service as a monthly service or as a usage service?
12. Will applicant provide a warning when the remaining value of service is about to cease?
13. Is the customer given more than one notice of the remaining value of service?
14. How much advance notice is given to the customer of the remaining value of service?
15. If the customer is in the middle of a call will they be disconnected when the remaining value of service has expired?
16. Has the customer been made aware of potentially being disconnected during a call when the remaining value of service expires?
17. When does the timing of a call start?
18. If the person called does not answer, is any time deducted from the customer's account?
19. Will there be any other instances in which the Company would disconnect a customer, other than running out of prepaid time?
20. When a customer runs out of time is their phone immediately disconnected or on suspension? (Will they still be able to receive calls?)
21. Are applicant's services available to TTY callers?
22. How will the applicant handle a complaint from a customer who disputes the amount of time used or remaining?
23. The Public Utilities Act requires a local calling area that has no time or duration charges. How will the Company define each customer's untimed local calling area?

IXC REGISTRATION FORM

Company Name Netline Communications Corp.

Florida Secretary of State Registration No. P04000100531

Fictitious Name(s) as filed at Fla. Sec. of State _____

Company Mailing Name Netline Communications Corp.

Mailing Address 2538 SW 30 Avenue, Hallandale, FL 33009

Web Address www.netline.cl

E-mail Address joel@netline.cl

Physical Address 2538 SW 30 Avenue, Hallandale, FL 33009

Company Liaison Alonzo Beyene, Regulatory Back Office, Inc. - on behalf of Company

Title Regulatory Consultant

Phone (305) 477-7580

Fax (305) 477-7504

E-mail address telecomstate@regbackoffice.com

Consumer Liaison to PSC Joel Bendersky

Title President & Director

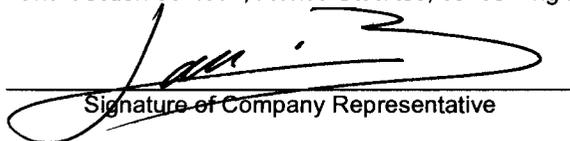
Address 2538 SW 30 Avenue, Hallandale, FL 33009

Phone 011-562-656-0000

Fax 011-562-299-7926

E-mail address joel@netline.cl

My company's tariff as required in Section 364.04, Florida Statutes, is enclosed with this form. I understand that my company must notify the Commission of any changes to the above information pursuant to Section 364.02, Florida Statutes. My company will owe Regulatory Assessment Fees for each year or partial year my registration is active pursuant to Section 364.336, Florida Statutes. My company will comply with Section 364.603, Florida Statutes, concerning carrier selection requirements, and Section 364.604, Florida Statutes, concerning billing practices.



Signature of Company Representative

Joel Bendersky - President and Director

Printed/Typed Name of Representative

Date

SCHEDULE ONE OF CONTRACT

Regnum Group agrees to perform the above services and preparation of Licensing/Certification petitions for **Netline Holdings International Inc.**, in the below order of priority, preparation to be completed no later than ten (10) business days from the receipt from **Netline Holdings International Inc.** of all necessary **SUPPORTING DOCUMENTATION**. Once one priority has been filed to the appropriate State PUC, the next priority will be prepared and filed by Regnum.

ORDER OF PRIORITY	DESCRIPTION OF SERVICES	REGNUM FEE
1.	Federal Compliance - FCC 2006 CPNI (Initial Registration / Compliance)	\$250.00 USD
2.	Federal Compliance - 499Q4 - <u>Contributors Only</u> due November 2006	\$450.00 USD
3.	Federal Compliance - FCC 2007 CPNI (Annual Compliance)	\$250.00 USD
4.	Federal Compliance - 499A for 2006 revenue due April 01, 2007	\$450.00 USD
5.	Federal Compliance - 499Q1 - <u>Contributors Only</u> due February 01, 2007	\$300.00 USD
6.	Federal Compliance - 499Q2 - <u>Contributors Only</u> due May 01, 2007	\$300.00 USD
7.	Federal Compliance - 499Q3 - <u>Contributors Only</u> due August 01, 2007	\$300.00 USD
8.	Federal Compliance - 499Q4 - <u>Contributors Only</u> for November 01, 2007	\$300.00 USD
9.	State Compliance - Reply to FL PSC Order in Response to ILEC Petition	\$150.00 USD
10.	State Compliance - Annual CofA & IXC Filing for the state of Florida	\$450.00 USD
11.	State Compliance - Annual CofA & IXC Filings for the state of California	\$450.00 USD
12.	State Compliance - Annual CofA & IXC Filings for the state of Illinois	\$450.00 USD
13.	State Compliance - Annual CofA & IXC Filings for the state of New Jersey	\$450.00 USD
14.	State Compliance - Annual CofA & IXC Filings for the state of New York	\$450.00 USD
15.	State Compliance - Annual CofA & IXC Filings for the state of Texas	<u>\$450.00 USD</u>
Application preparation fees to Regnum SUBTOTAL:		\$5,450.00 USD
Estimated Expenses (to be paid by Netline Holdings International Inc.)		
16.	Registered Agent in Wash. D.C. (required for 499 report) due 2006	\$99.00 USD
17.	Registered Agent in Wash. D.C. (required for 499 report) due 2007	\$99.00 USD
18.	Filing Costs for 2007 Annual IXC Filing for the state of Florida + Penalty	\$566.50 USD
19.	Filing Costs for 2007 Annual CLEC Filing for the state of Florida + Penalty	\$3,636.00 USD
20.	Filing Costs for 2007 Annual CofA & IXC Filings for the state of California	\$522.62 USD
21.	Filing Costs for 2007 Annual CofA & IXC Filings for the state of Illinois	\$482.75 USD
22.	Filing Costs for 2007 Annual CofA & IXC Filings for the state of New Jersey	\$454.83 USD
23.	Filing Costs for 2007 Annual CofA & IXC Filings for the state of New York	\$250.00 USD
24.	Filing Costs for 2007 Annual CofA & IXC Filings for the state of Texas	<u>\$499.00 USD</u>
Estimated Expense SUBTOTAL:		\$6,609.70 USD
ESTIMATED GRAND TOTAL: \$12,059.70 USD		

SUPPORTING DOCUMENTATION REQUIRED BY REGNUM FROM CLIENT:

Regnum Client Info Form

Additional Supporting Documents (as marked):

EXECUTED THIS September 27, 2007: BY

Mr. Edward Maldonado
President, Regnum Group, Inc.

AND

Mr. Joel Bendersky
Authorized Representative of
Netline Communications Corp. (a Florida corporation)



Standard Terms of Engagement for Licensing

I, **Joel Bendersky**, Authorized representative for **Netline Holdings International Inc.** (hereafter "Client"), do hereby retain and engage Regnum Group, Inc. (hereafter referred to as "Consultants") on behalf of the corporation to represent **Netline Holdings International Inc.** in the following Licensing/Certification or regulatory issues based upon the following terms:

- | | |
|-----|--|
| 1a. | Federal Compliance for 2006 - FCC 499Q4 Quarterly Report for 2006 & Initial CPNI Oath |
| 1b. | Federal Compliance for 2007 - FCC 499A Annual & 499Q Quarterly Reports, Annual CPNI Oath |
| 2a. | State Compliance for 2006 - Reply to FL PSC Order in Regards to the Petition by the FL ILECs |
| 2b. | <u>State Compliance for 2007 - CofA & IXC Annual Reports for Netline Holdings International Inc. for the State of: California, Florida, Illinois, New Jersey, New York and Texas</u> |
| 2c. | <u>State Compliance for 2006 - CLEC Reinstatement and Annual Report for the state of Florida</u> |

3. In full consideration of such services, the Client shall pay to the Consultants compensation in the form of Application preparation Fees the amount of **\$5,450.00 USD**. Estimated expenses **\$6,609.70 USD** may be paid directly by **Netline Communications Corp.** to the corresponding Government, Private and/or Corporate agencies, or paid to Regnum for disbursement. **The Estimated Grand Total is \$12,059.70 USD.**

4. The preceding Proposal letter and its terms are hereby incorporated into this Agreement.

5. All checks are accepted and subject to clearance. If a check fails to receive bank clearance, this agreement shall be null and void and of no effect, all Special Discounts are cancelled, and the Consultant shall have no further obligations for his services herein. If the Consultant has performed any services hereunder, or made themselves available for services, the agreement shall be in other regards deemed a nullity, the Consultants shall be fully entitled to receive compensation at the above stated fees for services rendered to the time of receipt of the notice of the dishonoring of the subject check.

6. Any failure to pay fees and costs billed may result in the Consultants' withdrawal from representation of Client, cancellation of Special Discounts and entitle them to seek compensation for contracted services and repayment for Attorney's fees and costs incurred by way of all available legal means. In connection with any litigation arising out of this Agreement, the

Consultants shall be entitled to recover all costs for such litigation and any subsequent appeals. Venue shall be Metro-Dade County, Florida.

7. The laws of the State of Florida will govern this Agreement. In the unlikely event that any dispute were to arise under this Agreement that we are unable to resolve through amicable discussion, both parties agree to the submission of any such dispute to confidential arbitration in Florida in accordance with the rules of the American Arbitration Association, and to accept the results thereof as final and binding.

8. NO GUARANTEES OR PROMISES OF OUTCOME: The Consultants do not guarantee neither the outcome of these matters since they depend on the State's Public Service Commission, nor the length of time it will take to conclude. However, Regnum Group does guarantee their work product and recognizes their responsibilities as detailed in Schedule 1 as follows:

Initials: Regnum: _____ Client: _____

2007 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2006 Revenues)

Approval by OMB
3060-0855

>>> Please read instructions before completing. <<<

Annual Filing -- due April 1, 2007

Block 1: Contributor Identification Information

During the year, filers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722. If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.] 825448

102 Legal name of reporting entity Netline Communications Corp.

103 IRS employer identification number [Enter 9 digit number] 201343512

104 Name telecommunications provider is doing business as Netline Communications Corp.

105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see directions.]

<input type="checkbox"/> CAP/CLEC	<input type="checkbox"/> Cellular/PCS/SMR (wireless telephony incl. by resale)	<input type="checkbox"/> Coaxial Cable	<input type="checkbox"/> Incumbent LEC
<input checked="" type="checkbox"/> 1 Interconnected VoIP	<input type="checkbox"/> Interexchange Carrier (IXC)	<input type="checkbox"/> Local Reseller	<input type="checkbox"/> Operator Service Provider (OSP)
<input type="checkbox"/> Payphone Service Provider	<input type="checkbox"/> Prepaid Card	<input type="checkbox"/> Private Service Provider	<input type="checkbox"/> Paging & Messaging
<input type="checkbox"/> Shared-Tenant Service Provider / Building LEC	<input type="checkbox"/> SMR (dispatch)	<input type="checkbox"/> Toll Reseller	<input type="checkbox"/> Satellite Service Provider
<input type="checkbox"/> Other Local	<input type="checkbox"/> Other Mobile	<input type="checkbox"/> Other Toll	

If Other Local, Other Mobile or Other Toll is checked, describe carrier type / services provided: →

106.1 Holding company name (All affiliated companies must show the same name on this line.)

106.2 Holding company IRS employer identification number [Enter 9 digit number]

107 FCC Registration Number (FRN) [https://svartifoss2.fcc.gov/cores/CoresHome.html] [For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov] [Enter 10 digit number] 0011554888

108 Management company [if filer is managed by another entity]

109 Complete mailing address of reporting entity corporate headquarters
Note: this address will be used for the ITSP FCC regulatory fee billings unless the appropriate box is checked on Line 208.

110 Complete business address for customer inquiries and complaints
check if same address as Line 109

Street 1 2538 SW 30 Avenue, Hallandale, FL 33009
Street 2
Street 3
City State Zip (postal code) Country if not USA

111 Telephone number for customer complaints and inquiries [Toll-free number if available] (888) - 883-8964 ext -

112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.

a	Netline Communications Corp.	g	
b	ipsmile.com	h	
c		i	
d		j	
e		k	
f		l	

Use an additional sheet if necessary. Each reporting entity must provide all names used for telecommunications activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

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FCC Form 499-A
January 2007

Block 2-A: Regulatory Contact Information

201 Filer 499 ID [from Line 101]	825448
202 Legal name of reporting entity [from Line 102]	Netline Communications Corp.
203 Person who completed this Worksheet	First Alonzo MI Last Beyene
204 Telephone number of this person	(305) - 477-7580 ext -
205 Fax number of this person	(305) - 477-7504
206 Email of this person Required if available -- not for public release	alonzo@regbackoffice.com
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent	Office Attn First name MI Last Email required if available, not for public release Phone () - ext- Fax () - Street1 Street2 2538 SW 30 Avenue, Hallandale, FL 33009 Street3 City State Zip (postal code) Country if not USA check if same name as Line 203 <input type="checkbox"/> check if same address as Line 109 <input checked="" type="checkbox"/>
208 Billing address and billing contact person: [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.]	Company Attn First name MI Last Email required if available, not for public release Phone () - ext- Fax () - Street1 Street2 2538 SW 30 Avenue, Hallandale, FL 33009 Street3 City State Zip (postal code) Country if not USA check if name and address same as Line 207 <input checked="" type="checkbox"/> check to use Line 208 information for FCC ITSP regulatory fee bill <input checked="" type="checkbox"/>

Block 2-B: Agent for Service of Process

All carriers and providers of interconnected VoIP must complete Lines 209 through 213. During the year, carriers and providers of interconnected VoIP must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

209 D.C. Agent for Service of Process per 47 U.S.C. § 413	Company Attn First name Edward MI Last Maldonado
210 Telephone number of D.C. agent	(305) - 477-7580 ext -
211 Fax number of D.C. agent	(305) - 477-7504
212 Email of D.C. agent Required if available	reg@regnumgroup.com
213 Complete business address of D.C. agent for hand service of documents check to use Line 213 information for FCC ITSP regulatory fee bill <input type="checkbox"/> [If both Line 208 and Line 213 are checked, Line 208 will be used.]	Street1 Edward A. Maldonado Street2 1717 K Street NW Suite 600 Street3 City Washington State DC Zip 20036
214 Local/alternate Agent for Service of Process (optional)	Company Attn First name MI Last
215 Telephone number of local/alternate agent	() - ext -
216 Fax number of local/alternate agent	() -
217 Email of local/alternate agent Required if available	
218 Complete business address of local/alternate agent for hand service of documents check to use Line 218 information for FCC ITSP regulatory fee bill <input type="checkbox"/> [If both Line 208 and Line 218 are checked, Line 208 will be used.]	Street1 Street2 Street3 City State Zip (postal code) Country if not USA

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Block 2-C: FCC Registration and Contact Information

Filers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

219 Filer 499 ID [from Line 101] 825448

220 Legal name of reporting entity [from Line 102] Netline Communications Corp.

221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)
 First Joel MI Last Bendersky

222 Business address of individual named on Line 221
 check if same as Line 109
 Street1
 Street 2 2538 SW 30 Avenue, Hallandale, FL 33009
 Street 3
 City State Zip (postal code) Country if not USA

223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)
 First Daniel MI Last Bendersky

224 Business address of individual named on Line 223
 check if same as Line 109
 Street1
 Street 2 2538 SW 30 Avenue, Hallandale, FL 33009
 Street 3
 City State Zip (postal code) Country if not USA

225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)
 First MI Last

226 Business address of individual named on Line 225
 check if same as Line 109
 Street1
 Street 2
 Street 3
 City State Zip (postal code) Country if not USA

227 Indicate jurisdictions in which the filing entity provides service. Include jurisdictions in which service was provided in the past 15 months and jurisdictions in which service is likely to be provided in the next 12 months.

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Guam | <input type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> New York | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Michigan | <input type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Texas |
| <input type="checkbox"/> American Samoa | <input type="checkbox"/> Idaho | <input type="checkbox"/> Midway Atoll | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Arizona | <input checked="" type="checkbox"/> Illinois | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Northern Mariana Islands | <input type="checkbox"/> U.S. Virgin Islands |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Indiana | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Ohio | <input type="checkbox"/> Vermont |
| <input checked="" type="checkbox"/> California | <input type="checkbox"/> Iowa | <input type="checkbox"/> Missouri | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Johnston Atoll | <input type="checkbox"/> Montana | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wake Island |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Kansas | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Nevada | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wisconsin |
| <input checked="" type="checkbox"/> Florida | <input type="checkbox"/> Maine | <input checked="" type="checkbox"/> New Jersey | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Mexico | <input type="checkbox"/> South Dakota | |

228 Year and month filer first provided (or expects to provide) telecommunications in the U.S. Check if prior to 1/1/1999, otherwise Year 0 Month 0

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Block 3: Carrier's Carrier Revenue Information

301 Filer 499 ID [from Line 101] 825448

302 Legal name of reporting entity [from Line 102] Netline Communications Corp.

Report billed revenues for January 1 through December 31, 2006.
Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars.

See instructions regarding percent interstate & international.

Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms

Fixed local service

	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate (b)	International (c)	Interstate Revenues (d)	International Revenues (e)
Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs	\$0.00			\$0.00	\$0.00

303.1 Provided as unbundled network elements (UNEs)					
---	--	--	--	--	--

303.2 Provided under other arrangements	\$0.00			\$0.00	\$0.00
---	--------	--	--	--------	--------

Per-minute charges for originating or terminating calls					
---	--	--	--	--	--

304.1 Provided under state or federal access tariff	\$0.00			\$0.00	\$0.00
---	--------	--	--	--------	--------

304.2 Provided as unbundled network elements or other contract arrangement	\$0.00			\$0.00	\$0.00
--	--------	--	--	--------	--------

Local private line & special access service					
---	--	--	--	--	--

305.1 Provided to other contributors for resale as telecommunications	\$0.00			\$0.00	\$0.00
---	--------	--	--	--------	--------

305.2 Provided to other contributors for resale as interconnected VoIP [All such revenue for 2006 must be reported as end-user revenue]	\$0.00			\$0.00	\$0.00
---	--------	--	--	--------	--------

306 Payphone compensation from toll carriers	\$0.00			\$0.00	\$0.00
--	--------	--	--	--------	--------

307 Other local telecommunications service revenues	\$0.00			\$0.00	\$0.00
---	--------	--	--	--------	--------

308 Universal service support revenues received from Federal or state sources	\$0.00			\$0.00	\$0.00
---	--------	--	--	--------	--------

Mobile services (including wireless telephony, paging & messaging, and other mobile services)					
---	--	--	--	--	--

309 Monthly, activation, and message charges except toll	\$0.00			\$0.00	\$0.00
--	--------	--	--	--------	--------

Toll services					
---------------	--	--	--	--	--

310 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)	\$0.00			\$0.00	\$0.00
---	--------	--	--	--------	--------

311 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)	\$0.00			\$0.00	\$0.00
---	--------	--	--	--------	--------

312 Long distance private line services	\$0.00			\$0.00	\$0.00
---	--------	--	--	--------	--------

313 Satellite services	\$0.00			\$0.00	\$0.00
------------------------	--------	--	--	--------	--------

314 All other long distance services	\$0.00			\$0.00	\$0.00
--------------------------------------	--------	--	--	--------	--------

315 Total revenues provided for resale [Lines 303 through 314]	\$0.00			\$0.00	\$0.00
--	--------	--	--	--------	--------

Note: As stated in the instructions, for all revenues reported on this page, you must retain the Filer 499 ID and contact information for the associated customers. You must verify that each of these customers was a direct contributor to the federal universal service support mechanism for calendar year 2006 and that the customer is purchasing service for resale as telecommunications. These records must be made available to the administrator or the FCC upon request. The FCC website contains information on federal universal service contributors. (See instructions.)

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

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FCC Form 499-A
January 2007

Block 4-A: End-User and Non-Telecommunications Revenue Information

401	Filer 499 ID [from Line 101]	825448				
402	Legal name of reporting entity [from Line 102]	Netline Communications Corp.				
Report billed revenues for January 1 through December 31, 2006. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. See instructions regarding percent interstate & international.			If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Total Revenues	Interstate	International	Interstate Revenues	International Revenues
		(a)	(b)	(c)	(d)	(e)
Revenues from All Other Sources (end-user telecom. & non-telecom.)						
403	Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions	\$0.00			\$0.00	\$0.00
<i>Fixed local services</i>						
	Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges	\$0.00			\$0.00	\$0.00
<i>traditional circuit switched</i>						
404.1	Provided at a flat rate including interstate toll service – local portion					
404.2	Provided at a flat rate including interstate toll service – toll portion	\$0.00			\$0.00	\$0.00
404.3	Provided without interstate toll included (see instructions)	\$0.00			\$0.00	\$0.00
<i>interconnected VoIP</i>						
404.4	Offered in conjunction with a broadband connection	\$0.00			\$0.00	\$0.00
404.5	Offered independent of a broadband connection	\$0.00			\$0.00	\$0.00
405	Tariffed subscriber line charges and PICC charges levied by a local exchange carrier on a no-PIC customer	\$0.00			\$0.00	\$0.00
406	Local private line & special access service [Through August 13, 2006, includes the transmission portion of wireline broadband Internet access. After August 13, 2006, includes the transmission portion of wireline broadband internet access provided on a common carrier basis.]	\$0.00			\$0.00	\$0.00
407	Payphone coin revenues (local and long distance)	\$0.00			\$0.00	\$0.00
408	Other local telecommunications service revenues	\$0.00			\$0.00	\$0.00
<i>Mobile services (including wireless telephony, paging & messaging, and other mobile services)</i>						
409	Monthly and activation charges	\$0.00			\$0.00	\$0.00
410	Message charges including roaming and air-time charges for toll calls, but excluding separately stated toll charges	\$0.00			\$0.00	\$0.00

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FCC Form 499-A
January 2007

Block 4-A: Continued

	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate	International	Interstate Revenues (d)	International Revenues (e)
<i>Toll services</i>					
411 Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards	\$0.00			\$0.00	\$0.00
412 International calls that both originate and terminate in foreign points	\$0.00	0%	100%	\$0.00	\$0.00
413 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412	\$0.00			\$0.00	\$0.00
Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)	\$0.00			\$0.00	\$0.00
414.1 All, other than interconnected VoIP, including, but not limited to, itemized toll on wireline and wireless bills					
414.2 All interconnected VoIP long distance, including: but not limited to, itemized toll	\$406,347.47			\$0.00	\$406,347.47
415 Long distance private line services	\$0.00			\$0.00	\$0.00
416 Satellite services	\$0.00			\$0.00	\$0.00
417 All other long distance services	\$0.00			\$0.00	\$0.00
Revenues other than U.S. telecommunications revenues, including information services, inside wiring maintenance, billing and collection customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues (See instructions.)	\$0.00			\$0.00	\$0.00
418.1 bundled with circuit switched local exchange service					
418.2 bundled with interconnected VoIP local exchange service	\$0.00			\$0.00	\$0.00
418.3 other	\$0.00			\$0.00	\$0.00

Block 4-B: Total Revenue and Uncollectible Revenue Information

419 Gross billed revenues from all sources (incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]	\$406,347.47			\$0.00	\$406,347.47
420 Gross universal service contribution base amounts [Lines 403 through 411 Lines 413 through 417] See Figure 4 in instructions.	\$406,347.47			\$0.00	\$406,347.47
421 Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See Instructions Page 26]	\$0.00			\$0.00	\$0.00
422 Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420	\$0.00			\$0.00	\$0.00
423 Net universal service contribution base revenues [Line 420 minus line 422]	\$406,347.47			\$0.00	\$406,347.47

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

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FCC Form 499-A
January 2007

Block 5: Additional Revenue Breakouts

501 Filer 499 ID [from Line 101] 825448
 502 Legal name of reporting entity [from Line 102] Netline Communications Corp.

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510. See page 27 of instructions for limited exceptions.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

		Block 3 Carrier's Carrier (a)	%	Block 4 End-User Telecom. (b)	%
503	Southeast: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	0	%	100	%
504	Western: Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming	0	%	0	%
505	West Coast: California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.	0	%	0	%
506	Mid-Atlantic: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia	0	%	0	%
507	Mid-West: Illinois, Indiana, Michigan, Ohio, and Wisconsin	0	%	0	%
508	Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont	0	%	0	%
509	Southwest: Arkansas, Kansas, Missouri, Oklahoma, and Texas	0	%	0	%
510	Total [Percentages must add to 0 or 100.]	0	%	100	%

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below. **As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See instructions.)**

	(a)	(b)
Revenues from resellers that do not contribute to Universal Service	Total Revenues	Interstate and International
	\$ 0	\$ 0

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Block 6: CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101] 825448
 602 Legal name of reporting entity [from Line 102] Netline Communications Corp.

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.]

603 I certify that the reporting entity is exempt from contributing to: Universal Service TRS NANPA LNP Administration
 I certify that the reporting entity is an interconnected VoIP filer became subject to FCC Form 499 filing requirements on or after August 1, 2006 and therefore is reporting revenues in Blocks 3, 4, and 5 for the fourth quarter of 2006 instead of for the entire calendar year.

Provide explanation below:

604 Please indicate whether the reporting entity is State or Local Government Entity I.R.C. § 501Tax Exempt

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

I certify that I am an officer of the above-named reporting entity as defined on page 28 of the instructions, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in Section II-B of the instructions.

606 Signature X
 607 Printed name of officer First Joel Last Bendersky
 608 Position with reporting entity President & Director
 609 Business telephone number of officer (888) - 883-8964 ext -
 610 Email of officer || Required if available – not for public release || joel@netline.cl
 611 Date October 27, 2008
 612 Check those that apply: Original April 1 filing for year New filer, registration only Revised filing with updated registration Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: **Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036**
 For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via email: Form499@universalservice.org

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

2008 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2007 Revenues)

Approval by OMB
3060-0855

>>> Please read instructions before completing. <<<

Annual Filing -- due April 1, 2008

Block 1: Contributor Identification Information

During the year, filers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722. 825448
If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.]

102 Legal name of reporting entity Netline Communications Corp. +

103 IRS employer identification number [Enter 9 digit number] 201343512 +

104 Name telecommunications provider is doing business as Netline Communications Corp. +

105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see directions.]

<input type="checkbox"/> CAP/CLEC	<input type="checkbox"/> Cellular/PCS/SMR (wireless telephony incl. by resale)	<input type="checkbox"/> Coaxial Cable	<input type="checkbox"/> Incumbent LEC
<input checked="" type="checkbox"/> Interconnected VoIP	<input type="checkbox"/> Interexchange Carrier (IXC)	<input type="checkbox"/> Local Reseller	<input type="checkbox"/> Operator Service Provider (OSP)
<input type="checkbox"/> Payphone Service Provider	<input type="checkbox"/> Prepaid Card	<input type="checkbox"/> Private Service Provider	<input type="checkbox"/> Paging & Messaging
<input type="checkbox"/> Shared-Tenant Service Provider / Building LEC	<input type="checkbox"/> SMR (dispatch)	<input type="checkbox"/> Toll Reseller	<input type="checkbox"/> Satellite Service Provider
If Other Local, Other Mobile or Other Toll is checked, describe carrier type / services provided: →		<input type="checkbox"/> Other Local	<input type="checkbox"/> Other Mobile
			<input type="checkbox"/> Other Toll

106.1 Holding company name (All affiliated companies must show the same name on this line.)

106.2 Holding company IRS employer identification number [Enter 9 digit number]

107 FCC Registration Number (FRN) [https://svartifoss2.fcc.gov/cores/CoresHome.html] 0011554888
[For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov] [Enter 10 digit number]

108 Management company [if filer is managed by another entity]

109 Complete mailing address of reporting entity corporate headquarters
Note: this address will be used for the ITSP FCC regulatory fee billings unless the appropriate box is checked on Line 208

110 Complete business address for customer inquiries and complaints
check if same address as Line 109

Street1	2538 SW 30 Avenue, Hallandale, FL 33009
Street 2	
Street 3	
City	State Zip (postal code) Country if not USA

111 Telephone number for customer complaints and inquiries [Toll-free number if available] (888) - 883-8964 ext - +

112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.

a	Netline Communications Corp.	<input checked="" type="checkbox"/>	g
b	ipsmile.com	<input type="checkbox"/>	h
c	clubip.com	<input type="checkbox"/>	i
d		<input type="checkbox"/>	j
e		<input type="checkbox"/>	k
f		<input type="checkbox"/>	l

Use an additional sheet if necessary. Each reporting entity must provide all names used for telecommunications activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Block 3: Carrier's Carrier Revenue Information

301 Filer 499 ID [from Line 101]	825448						
302 Legal name of reporting entity [from Line 102]	Netline Communications Corp.						
Report billed revenues for January 1 through December 31, 2007. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars.							
See instructions regarding percent interstate & international.							
Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms							
<i>Fixed local service</i>							
Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs	\$0.00				\$0.00		\$0.00
303.1 Provided as unbundled network elements (UNEs)							
303.2 Provided under other arrangements	\$0.00				\$0.00		\$0.00
Per-minute charges for originating or terminating calls	\$0.00				\$0.00		\$0.00
304.1 Provided under state or federal access tariff							
304.2 Provided as unbundled network elements or other contract arrangement	\$0.00				\$0.00		\$0.00
Local private line & special access service	\$0.00				\$0.00		\$0.00
305.1 Provided to other contributors for resale as telecommunications							
305.2 Provided to other contributors for resale as interconnected VoIP	\$0.00				\$0.00		\$0.00
306 Payphone compensation from toll carriers	\$0.00				\$0.00		\$0.00
307 Other local telecommunications service revenues	\$0.00				\$0.00		\$0.00
308 Universal service support revenues received from Federal or state sources	\$0.00				\$0.00		\$0.00
<i>Mobile services (including wireless telephony, paging & messaging, and other mobile services)</i>							
309 Monthly, activation, and message charges except toll	\$0.00				\$0.00		\$0.00
<i>Toll services</i>							
310 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)	\$0.00				\$0.00		\$0.00
311 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)	\$0.00				\$0.00		\$0.00
312 Long distance private line services	\$0.00				\$0.00		\$0.00
313 Satellite services	\$0.00				\$0.00		\$0.00
314 All other long distance services	\$0.00				\$0.00		\$0.00
315 Total revenues provided for resale [Lines 303 through 314]	\$0.00				\$0.00		\$0.00

Note: As stated in the instructions, for all revenues reported on this page, you must retain the Filer 499 ID and contact information for the associated customers. You must verify that each of these customers was a direct contributor to the federal universal service support mechanism for calendar year 2007 and that the customer is purchasing service for resale as telecommunications. These records must be made available to the administrator or the FCC upon request. The FCC website contains information on federal universal service contributors. (See instructions.)

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>

FCC Form 499-A
February 2008

Block 4-A: Continued

	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate	International	Interstate Revenues (d)	International Revenues (e)
<i>Toll services</i>					
411 Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards	\$0.00	0%	0%	\$0.00	\$0.00
412 International calls that both originate and terminate in foreign points	\$0.00	+	0%	100%	\$0.00
413 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412	\$0.00			\$0.00	\$0.00
Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)	\$0.00			\$0.00	\$0.00
414.1 All, other than interconnected VoIP, including, but not limited to, itemized toll on wireline and wireless bills					
414.2 All interconnected VoIP long distance, including, but not limited to, itemized toll	\$ 285,309.25	0.14%	99.86%	\$ 403.71	\$284,905.54
415 Long distance private line services	\$0.00	+		\$0.00	\$0.00
416 Satellite services	\$0.00	+		\$0.00	\$0.00
417 All other long distance services	\$0.00	+		\$0.00	\$0.00
Revenues other than U.S. telecommunications revenues, including information services, inside wiring maintenance, billing and collection customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues. (See instructions.)					
418.1 bundled with circuit switched local exchange service					
418.2 bundled with interconnected VoIP local exchange service	\$0.00	+			
418.3 other	\$0.00	+			

Block 4-B: Total Revenue and Uncollectible Revenue Information

419 Gross billed revenues from all sources (incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]	\$ 285,309.25			\$ 403.71	\$ 284,905.54
420 Gross universal service contribution base amounts [Lines 403 through 411 Lines 413 through 417] See Figure 4 in instructions.	\$ 285,309.25			\$ 403.71	\$ 284,905.54
421 Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See Instructions Page 26]	\$0.00			\$0.00	\$0.00
422 Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420	\$0.00			\$0.00	\$0.00
423 Net universal service contribution base revenues [Line 420 minus line 422]	\$ 285,309.25			\$ 403.71	\$ 284,905.54

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

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FCC Form 499-A
February 2008

Block 5: Additional Revenue Breakouts

501 Filer 499 ID [from Line 101] 825448
 502 Legal name of reporting entity [from Line 102] Netline Communications Corp.

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510. See page 27 of instructions for limited exceptions.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

		Block 3 Carrier's Carrier (a)	%	Block 4 End-User Telecom. (b)	%
503	Southeast: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	0.00	%	46.71%	%
504	Western: Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming	0.00	%	0.00	%
505	West Coast: California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.	0.00	%	23.68%	%
506	Mid-Atlantic: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia	0.00	%	7.37%	%
507	Mid-West: Illinois, Indiana, Michigan, Ohio, and Wisconsin	0.00	%	2.55%	%
508	Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont	0.00	%	11.47%	%
509	Southwest: Arkansas, Kansas, Missouri, Oklahoma, and Texas	0.00	%	8.21%	%
510	Total [Percentages must add to 0 or 100.]	0.00	%	100.00	%

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below. **As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See instructions.)**

	(a)	(b)
	Total Revenues	Interstate and International
Revenues from resellers that do not contribute to Universal Service	\$ 0.00	\$ 0.00

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Block 6: CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101] 825448 +

602 Legal name of reporting entity [from Line 102] Netline Communications Corp. +

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.]

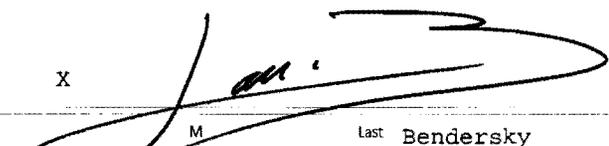
603 I certify that the reporting entity is exempt from contributing to: Universal Service TRS NANPA LNP Administration

Provide explanation below:

604 Please indicate whether the reporting entity is State or Local Government Entity I.R.C. § 501Tax Exempt

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

I certify that I am an officer of the above-named reporting entity as defined on page 33 of the instructions, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in Section II-B of the instructions.

606 Signature X 

607 Printed name of officer First Joel M Last Bendersky +

608 Position with reporting entity President & Director +

609 Business telephone number of officer 011 (562) -656-0000 ext - +

610 Email of officer || Required if available – not for public release || joel@netline.cl +

611 Date October 27, 2008 +

612 Check those that apply: Original April 1 filing for year New filer, registration only Revised filing with updated registration Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: **Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036**
For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via email: Form499@universalservice.org

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

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<http://forms.universalservice.org>

FCC Form 499-A
February 2008

CONTROL No. 25000**REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING SERVICES COMPANIES AND OTHER UNCERTIFICATED NONDOMINANT TELECOMMUNICATIONS CARRIERS****Section One: Basic Information**

Type of Registration:

IXC (Long Distance Carrier)
 Pre Paid Calling Card Provider
 Other: _____

1. Name of Registrant (Company Name Known to the Public): Netline Communications Corp.
Legal/Assumed Name of Registrant: Netline Communications Corp.
Office Address (Street, City, State, Zip Code): 2538 SW 30 Avenue, Hallandale, FL 33009
2. Mailing Address (Street/P.O. Box, City, State, Zip Code): Same as listed office address
3. Registrant Toll-Free Customer Service Number: (888) 883-8964
Registrant Office Number: 011-562-656-0000
Registrant Fax Number: 011-562-299-7926 1-(888) 883-8964
4. Registrant Website Address: www.netline.cl
Registrant Email Address: joel@netline.cl
5. Authorized Representative Contact (Name and Title): Joel Bendersky - President
Authorized Representative Address: 2538 SW 30 Avenue, Hallandale, FL 33009
Authorized Representative Mailing Address: 2538 SW 30 Avenue, Hallandale, FL 33009
Authorized Representative Phone Number: 011-562-656-0000
Authorized Representative Fax Number: 011-562-299-7926
Authorized Representative Email Address: joel@netline.cl
6. Emergency Contact (Name and Title): Joel Bendersky - President
Authorized Representative Address: 2538 SW 30 Avenue, Hallandale, FL 33009
Authorized Representative Mailing Address: 2538 SW 30 Avenue, Hallandale, FL 33009
Authorized Representative Phone Number: 011-562-656-0000
Authorized Representative Fax Number: 011-562-299-7926
Authorized Representative Email Address: joel@netline.cl

7. Form of Business (e.g. corporation, partnership, sole proprietorship): Corporation
State where Business was Formed: Florida
Certification/Authorization Number: P04000100531
Date Business was Formed: 07/02/2004
8. FCC Carrier Identification Code (CIC) (if available): Not Available
National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs) (if available): Not Available

Section Two: Affiliate and Key Personnel Information

9. Legal Name of all Affiliated Telecommunications Public Utilities or Affiliated Telecommunications Companies Providing Regulated Services: None
States where Affiliates are Providing Services: Applicant does not have affiliates
If the affiliate is in Texas, provide a description of the relationship to the registrant.
Provide Organizational Chart (if available). Applicant does not have affiliates
10. List Directors, Officers, or Partners with their business address, phone number, fax number, email/website address: _____
- Name: Joel Bendersky, President & Director
Address: 2538 SW 30 Ave., Hallandale, FL 33009
Phone#: 011-562-656-0000
Fax#: 011-562-299-7926
Email: joel@netline.cl
Website: www.netline.cl
- Name: Daniel Bendersky, Vice President & Director
Address: 2538 SW 30 Ave., Hallandale, FL 33009
Phone#: 011-562-656-0000
Fax#: 011-562-299-7926
Email: dbenders@netline.cl
Website: www.netline.cl
11. List the Five Largest Shareholders (if applicable) with their business address, phone number, and email/website address: _____
- Name: Joel Bendersky (Shareholder # 1 of 5)
Address: 2538 SW 30 Ave., Hallandale, FL 33009
Phone#: 011-562-656-0000
Fax#: 011-562-299-7926
Email: joel@netline.cl
Website: www.netline.cl
Ownership: 20%

Name: **Daniel Bendersky (Shareholder # 2 of 5)**
Address: **2538 SW 30 Ave., Hallandale, FL 33009**
Phone#: **011-562-656-0000**
Fax#: **011-562-299-7926**
Email: **dbenders@netline.cl**
Website: **www.netline.cl**
Ownership: **20%**

Name: **Javier Morales (Shareholder # 3 of 5)**
Address: **2538 SW 30 Ave., Hallandale, FL 33009**
Phone#: **011-562-656-0000**
Fax#: **011-562-299-7926**
Email: **javier@netlineusa.net**
Website: **www.netline.cl**
Ownership: **20%**

Name: **Cecilia Bitran (Shareholder # 4 of 5)**
Address: **2538 SW 30 Ave., Hallandale, FL 33009**
Phone#: **011-562-656-0000**
Fax#: **011-562-299-7926**
Email: **cbitran@netline.cl**
Website: **www.netline.cl**
Ownership: **5%**

Name: **Deborah Shapira (Shareholder # 5 of 5)**
Address: **2538 SW 30 Ave., Hallandale, FL 33009**
Phone#: **011-562-656-0000**
Fax#: **011-562-299-7926**
Email: **dshapira@netline.cl**
Website: **www.netline.cl**
Ownership: **10%**



Public Utility Commission of Texas

REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING SERVICE COMPANIES AND OTHER UNCERTIFICATED NONDOMINANT TELECOMMUNICATIONS CARRIERS

INSTRUCTIONS:

Original Registrations and Amendments shall be filed to Control No. 25000, using the "Registration for an Interexchange Carrier, PrePaid Calling Service Companies and Other Uncertificated Nondominant Telecommunications Carriers" format provided.

All responses to the questions on this registration must be made in a complete, truthful, and timely manner. The format may change periodically; therefore this format should be downloaded from the Commission website before each submittal.

If the company believes that specific information filed in this registration is not subject to disclosure under the Texas Open Records Act, V.T.C.A. Government Code §552.001 *et seq.* (Vernon Supp. 2000), the company may label that information confidential, citing the applicable provisions of the Open Records Act. Information labeled confidential will be treated as set forth in the generic SPCOA and COA protective order issued by the Commission on August 30, 1995, a copy of which may be obtained from Central Records at the address set forth above. Confidential information shall be filed in accordance with Procedural Rule §22.71(d). If you have any questions concerning the filing of confidential information, contact the Confidential Coordinator, Ms. Sylvia Hopson (sylvia.hopson@puc.state.tx.us).

The information filed in Question Nos. 1 – 7 may appear on the Commission Website (<http://www.puc.state.tx.us/telecomm/directories/index.cfm>) as a public service.

Failure to provide complete, truthful, and responsive information to all questions may result in administrative penalties, suspension of certification, or revocation of certification. An answer of "not applicable" or "n/a" is considered non-responsive.

These instructions are NOT to be filed with this registration format.

2006 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2005 Revenues)

Approval by OMB
3060-0855

>>> Please read instructions before completing. <<<

Annual Filing - due April 1, 2006

Block 1: Contributor Identification Information

During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722.

825448

If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.]

102 Legal name of reporting entity

Netline Communications Corp.

103 IRS employer identification number

[Enter 9 digit number] 201343512

104 Name telecommunications service provider is doing business as

Netline Communications Corp.

105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance - see directions.]

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> All Distance | <input type="checkbox"/> CAP/CLEC | <input type="checkbox"/> Cellular/PCS/SMR (wireless telephony incl. by resale) | <input type="checkbox"/> Coaxial Cable |
| <input type="checkbox"/> Incumbent LEC | <input checked="" type="checkbox"/> 2 Interexchange Carrier (IXC) | <input type="checkbox"/> Local Reseller | <input type="checkbox"/> Paging & Messaging |
| <input type="checkbox"/> Payphone Service Provider | <input type="checkbox"/> Shared-Tenant Service Provider / Building LEC | <input type="checkbox"/> Prepaid Card | <input type="checkbox"/> Satellite Service Provider |
| <input type="checkbox"/> Shared-Tenant Service Provider / Building LEC | <input type="checkbox"/> SMR (dispatch) | <input type="checkbox"/> Toll Reseller | <input type="checkbox"/> Wireless Data |
| If Other Local, Other Mobile or Other Toll is checked,
describe carrier type / services provided: → VoIP Interconnected Provider | | <input type="checkbox"/> Other Local | <input type="checkbox"/> Other Mobile |
| | | <input type="checkbox"/> Other Mobile | <input checked="" type="checkbox"/> 1 Other Toll |

106.1 Holding company name (All affiliated companies must show the same name on this line.)

106.2 Holding company IRS employer identification number

[Enter 9 digit number]

[This space reserved for processing]

107 FCC Registration Number (FRN) [https://svartifoss2.fcc.gov/cores/CoresHome.html]
[For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]

[Enter 10 digit number] 11554888

108 Management company [if carrier is managed by another entity]

109 Complete mailing address of reporting entity
corporate headquarters

2538 SW 30 Avenue, Hallandale, FL 33009

110 Complete business address for customer inquiries and
complaints [if different from address entered on Line 109]

2538 SW 30 Avenue, Hallandale, FL 33009

111 Telephone number for customer complaints and inquiries [Toll-free number if available]

(888) 883-8964

112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.

- a Netline Communications Corp.
- b ipsmile.com
- c
- d
- e
- f

- g
- h
- i
- j
- k
- l

Use an additional sheet if necessary. Each reporting entity must provide all names used for carrier activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems -- file electronically at

<http://form499.universalservice.org/>

FCC Form 499-A
April 2006

Block 2-A: Regulatory Contact Information

201 Filer 499 ID [from Line 101]	825448
202 Legal name of reporting entity [from Line 102]	Netline Communications Corp.
203 Person who completed this Worksheet	Alonzo Beyene - Regulatory Consultant to Netline Communications Corp.
204 Telephone number of this person	(305) 477-7580
205 Fax number of this person	(305) 477-7504
206 E-mail of this person	alonzo@regbackoffice.com
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent	2538 SW 30 Avenue, Hallandale, FL 33009
208 Billing address and billing contact person: [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.]	2538 SW 30 Avenue, Hallandale, FL 33009

Block 2-B: Agent for Service of Process

All carriers must complete Lines 209 through 213.

During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

209 D.C. Agent for Service of Process per 47 U.S.C. §413	Edward A. Maldonado
210 Telephone number of D.C. agent	(305) 477-7580
211 Fax number of D.C. agent	(305) 477-7504
212 E-mail of D.C. agent	Edward Maldonado
213 Complete business address of D.C. agent for hand service of documents	1717 K Street NW Suite 600 Washington, DC 20036
214 Local/alternate Agent for Service of Process (optional)	
215 Telephone number of local/alternate agent	
216 Fax number of local/alternate agent	
217 E-mail of local/alternate agent	
218 Complete business address of local/alternate agent for hand service of documents	

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

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April 2006

Block 2-C: FCC Registration and Contact Information

Carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

219 Filer 499 ID [from Line 101]	825448
220 Legal name of reporting entity [from Line 102]	Netline Communications Corp.
221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)	Joel Bendersky
222 Business address of individual named on Line 221	check if same as Line 109 <input checked="" type="checkbox"/>
223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)	Daniel Bendersky
224 Business address of individual named on Line 223	check if same as Line 109 <input checked="" type="checkbox"/>
225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)	
226 Business address of individual named on Line 225	check if same as Line 109 <input type="checkbox"/>

227 Indicate jurisdictions in which the filing entity provides telecommunications service. Include jurisdictions in which telecommunications service was provided in the past 15 months and jurisdictions in which telecommunications service is likely to be provided in the next 12 months.

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Guam | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Michigan | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Texas |
| <input type="checkbox"/> American Samoa | <input type="checkbox"/> Idaho | <input type="checkbox"/> Midway Atoll | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Illinois | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Northern Mariana Islands | <input type="checkbox"/> U.S. Virgin Islands |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Indiana | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Ohio | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> California | <input type="checkbox"/> Iowa | <input type="checkbox"/> Missouri | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Johnston Atoll | <input type="checkbox"/> Montana | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wake Island |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Kansas | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Nevada | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wisconsin |
| <input checked="" type="checkbox"/> Florida | <input type="checkbox"/> Maine | <input type="checkbox"/> New Jersey | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Mexico | <input type="checkbox"/> South Dakota | |

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FCC Form 499-A

April 2006

Block 3: Carrier's Carrier Revenue Information

301 Filer 499 ID [from Line 101]	825448				
302 Legal name of reporting entity [from Line 102]	Netline Communications Corp.				
Report billed revenues for January 1 through December 31, 2004. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate (b)	International (c)	Interstate Revenues (d)	International Revenues (e)
See instructions regarding percent interstate & international.					
Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms					
<i>Fixed local service</i>					
Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs					
303.1 Provided as unbundled network elements (UNEs)	\$0			\$0	\$0
303.2 Provided under other arrangements	\$0			\$0	\$0
Per-minute charges for originating or terminating calls					
304.1 Provided under state or federal access tariff	\$0			\$0	\$0
304.2 Provided as unbundled network elements or other contract arrangement	\$0			\$0	\$0
305 Local private line & special access service	\$0			\$0	\$0
306 Payphone compensation from toll carriers	\$0			\$0	\$0
307 Other local telecommunications service revenues	\$0			\$0	\$0
308 Universal service support revenues received from Federal or state sources	\$0			\$0	\$0
<i>Mobile services (including wireless telephony, paging & messaging, and other mobile services)</i>					
309 Monthly, activation, and message charges except toll	\$0			\$0	\$0
<i>Toll services</i>					
310 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)	\$0			\$0	\$0
311 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)	\$0			\$0	\$0
312 Long distance private line services	\$0			\$0	\$0
313 Satellite services	\$0			\$0	\$0
314 All other long distance services	\$0			\$0	\$0

Note: As stated in the instructions, for all revenues reported on this page, you must retain the Filer 499 ID and contact information for the associated customers. You must verify that each of these customers is a direct contributor to the federal universal service support mechanism for calendar year 2005 and that the customer is purchasing service for resale as telecommunications. These records must be made available to the administrator or the FCC upon request. The FCC website contains information on federal universal service contributors. (See instructions.)

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FCC Form 499-A
April 2006

2006 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2005 Revenues)

Block 4-A: End-User and Non-Telecommunications Revenue Information

401	Filer 499 ID [from Line 101]	825448				
402	Legal name of reporting entity [from Line 102]	Netline Communications Corp.				
Report billed revenues for January 1 through December 31, 2005. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. See instructions regarding percent interstate & international.		Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
			Interstate (b)	International (c)	Interstate Revenues (d)	International Revenues (e)
Revenues from All Other Sources (end-user telecom. & non-telecom.)						
403	Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions	\$0			\$0	\$0
<i>Fixed local services</i>						
Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and P ICC charges						
404.1	Provided at a flat rate including interstate toll service	\$0			\$0	\$0
404.2	Provided without interstate toll included (see instructions)	\$0			\$0	\$0
405	Tariffed subscriber line charges and P ICC charges levied by a local exchange carrier on a no-P IC customer	\$0			\$0	\$0
406	Local private line & special access service	\$0			\$0	
407	Payphone coin revenues (local and long distance)	\$0			\$0	\$0
408	Other local telecommunications service revenues	\$0			\$0	\$0
<i>Mobile services (including wireless telephony, paging & messaging, and other mobile services)</i>						
409	Monthly and activation charges	\$0			\$0	\$0
410	Message charges including roaming, but excluding toll charges	\$0			\$0	\$0
<i>Toll services</i>						
411	Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards	\$0			\$0	\$0
412	International calls that both originate and terminate in foreign points	\$0	0%	100%	\$0	\$0
413	Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412	\$0			\$0	\$0
414	Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, P ICC pass-through, and other switched services not reported above)	\$0			\$0	\$0
415	Long distance private line services	\$0			\$0	\$0
416	Satellite services	\$0			\$0	\$0
417	All other long distance services	\$0			\$0	\$0
418	Revenues other than U.S. telecommunications revenues. Information services, inside wiring maintenance, billing and collection customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues (See instructions.)	\$0				

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2006 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2005 Revenues)

Block 4-B: Total Revenue and Uncollectible Revenue Information

	Total Revenues (a)	Breakouts	
		Interstate Revenues (d)	International Revenues (e)
419 Gross billed revenues from all sources [incl. reseller & non-telecom.] [Lines 303 through 314 plus Lines 403 through 418]	\$0	\$0	\$0
420 Gross universal service contribution base amounts [Lines 403 through 411 Lines 413 through 417] See Figure 4 in instructions.	\$0	\$0	\$0
421 Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See Instructions Page 26]	\$0	\$0	\$0
422 Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420	\$0	\$0	\$0
423 Net universal service contribution base revenues [Line 420 minus line 422]	\$0	\$0	\$0

Block 5: Additional Revenue Breakouts

501 Filer 499 ID [from Line 101]	825448
502 Legal name of reporting entity [from Line 102]	Netline Communications Corp.

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510. See page 27 of instructions for limited exceptions.

Bloc

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

	Carrier's Carrier (a)	End-User Telecom. (b)
503 Southeast: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	0 %	0 %
504 Western: Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming	0 %	0 %
505 West Coast: California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.	0 %	0 %
506 Mid-Atlantic: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia	0 %	0 %
507 Mid-West: Illinois, Indiana, Michigan, Ohio, and Wisconsin	0 %	0 %
508 Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont	0 %	0 %
509 Southwest: Arkansas, Kansas, Missouri, Oklahoma, and Texas	0 %	0 %
510 Total [Percentages must add to 0 or 100.]	0 %	0 %

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below. **As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See instructions.)**

	(a) Total Revenues	(b) Interstate and International
Revenues from resellers that do not contribute to Universal Service	\$ 0	\$ 0

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Block 6: CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101] 825448
 602 Legal name of reporting entity [from Line 102] Netline Communications Corp.

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.]

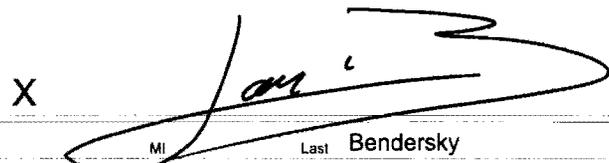
603 I certify that the reporting entity is exempt from contributing to: Universal Service TRS NANPA LNP Administration

Provide explanation below:

604 Please indicate whether the reporting entity is State or Local Government Entity I.R.C. § 501 Tax Exempt PUHCA § 34 (a)(1) Exempt

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in Section II-B of the instructions.

606 Signature 
 607 Printed name of officer First Joel MI Last Bendersky
 608 Position with reporting entity President & Director
 609 Business telephone number of officer (888) 883-8964 -ext -
 610 E-mail of officer || Required if available || joel@netline.cl
 611 Date 10/27/2008

612 Check those that apply: Original April 1 filing for year New filer, registration only Revised filing with updated registration Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: **Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036**
 For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via e-mail: Form499@universalservice.org

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