

| <b>REQUEST TO ESTABLISH DOCKET</b>   |   |   |
|--|---|---|
| (Please type or print. File original <i>plus</i> 1 copy with CLK.)                               |   |   |
| <b>Date:</b>   | 1/24/2013   | <b>Docket No.:</b> DOCKET NO. 140021-TX                   |
| <b>1. From Division / Staff:</b>   | Office Of Telecommunications / <i>Jim Polk</i>  |   |
| <b>2. OPR:</b>   | TEL / <i>Jim Polk</i>   |   |
| <b>3. OCR:</b>   | GCO   |   |
| <b>4. Suggested Docket Title:</b>  | <u>Request for cancellation of Certificate of Authority No. 8813 by Advanced Communications Southeast, Inc., effective December 31, 2013.</u>   |   |
| <b>5. Program/Module/Submodule Assignment:</b>   | B-1.K   |   |
| <b>6. Suggested Docket Mail List.</b>  |   |   |
| <b>a. Provide NAMES/ACRONYMS, if registered company.</b>   |   | <input type="checkbox"/> <b>Provided as an Attachment</b> |
| <b>Company Code, if applicable:</b>  | <b>Parties (include address, if different from MCD):</b>  | <b>Representatives (name and address):</b>                |
| TY049  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
| <b>b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)</b> |   |   |
| <b>Company Code, if applicable:</b>  | <b>Interested persons, if any, (include address, if different from MCD):</b>  | <b>Representatives (name and address):</b>                |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
| <b>7. Check one:</b>   | <input checked="" type="checkbox"/> <b>Supporting Documentation Attached</b> <input type="checkbox"/> <b>To be provided with Recommendation</b> |   |
| <b>Comments:</b> Documentation Attached  |   |   |

Advanced Communications Southeast, Inc.  
P.O. Box 98  
Holly Springs, NC 27540  
January 19 2014

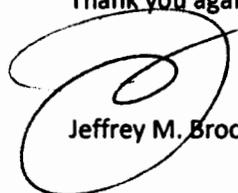
RECEIVED - FPSC  
14 JAN 24 AM 8:46  
COMMISSION  
CLERK

Ms. Toni Joy Earnhart  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399

Ms. Earnhart,

Thank you for your email to me on January 15<sup>th</sup> 2014. Per your email, please find enclosed a check in the amount of \$600.00. This payment along with the previous filing, and my request for a December 31, 2013 cancellation should be a satisfactory submission in response to the requirements of the State.

Thank you again for your help,



Jeffrey M. Brooks

**MASTER COMMISSION DIRECTORY**

Welcome, TEARNHAR!

|     |     |                              |
|-----|-----|------------------------------|
| MCD | RAF | This Is production Version 1 |
|-----|-----|------------------------------|

[Publications](#) | 
 [Docket](#) | 
 [Consumer](#) | 
 [RAF](#) | 
 [Finance](#) | 
 [UTILITY VIEW/EDIT](#) | 
 [Back](#)

\* Denotes a required field      Active:       **CreatedBy:** NGRANT    **\*CreatDate:** 3/25/2011      **ModifyBy:** NGRANT    **ModifyDate:** 8/1/2012 9:31:20 AM

**Utility Code:\*** TY049      **Utility Mailing Name:\*** Advanced Communications Southeast, Inc.  
**Transferred To:**      **Transferred From:**      **Unregulated Operation Date:**      **Corptype Type:\*** Corporation      **Class Type:**

5-10-2011 FEID no. furnished by RAD/K. Curry.  
 6-20-2011 Orders PSC-11-0234-PAA-TX 5-25-11, PSC-11-0266-CO-TX 6-20-11 grants certificate.  
 7-31-2012 Certificate canceled by staff, company failed to respond to orders PSC-12-0244-PAA-TX 5-21-12, PSC-12-0307-CO-TX 6-15-12, effective 6-15-12.

**Utility Mailing Address Total: 1**

| Mail Street1                        | Street2      | City          | State               | Zip        | Country | Act. CreatInfo.                     | ModifyInfo.  |
|-------------------------------------|--------------|---------------|---------------------|------------|---------|-------------------------------------|--|
| <input type="checkbox"/>            |              |               | FL - Florida        |            | USA     | <input checked="" type="checkbox"/> |  |
| <input checked="" type="checkbox"/> | P. O. Box 98 | Holly Springs | NC - North Carolina | 27540-0098 | USA     | <input checked="" type="checkbox"/> | NGRANT at 2011-03-25 00:00:00    NGRANT at 2012-07-03 12:43:00 |

**Utility Contact Total: 3**

| Attn Prefix                         | First Name | M. Name Last | Phone      | Fax | Email          | Homepage                               | Act. CreatInfo.                     | ModifyInfo.                         |
|-------------------------------------|------------|--------------|------------|-----|----------------|--|-------------------------------------|-------------------------------------|
| Name                                | Suffix     | Title        |            |     |                |  |                                     |                                     |
| <input type="checkbox"/>            |            |              |            |     |                |  | <input checked="" type="checkbox"/> |                                     |
| <input checked="" type="checkbox"/> |            |              |            |     | (919) 662-2662 | (919) 662-2982<br>jbrooks@itonline.com | http://www.itonline.com             | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | Jeffrey    | M            | Brooks     |     | (919) 662-2662 | (919) 662-2982<br>jbrooks@itonline.com |                                     | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | David      |              | Funderburk |     | (770) 623-4409 | dfund@itonline.com                     |                                     | <input checked="" type="checkbox"/> |

**Service Total: 1**

| Service                                  | Act. CreatInfo.   | ModifyInfo.                   |
|--|---|-------------------------------|
| CLX - Competitive Local Exchange (TX TY) | <input checked="" type="checkbox"/> NGRANT at 2011-03-25 00:00:00 | NGRANT at 2012-07-03 12:43:00 |

**Certificate Total: 1**

| Cert | Act. CreatInfo.   | ModifyInfo.                   |
|------|---|-------------------------------|
| 8813 | <input checked="" type="checkbox"/> NGRANT at 2011-03-25 00:00:00 | NGRANT at 2012-07-03 12:43:00 |

**County Total: 0**

| County | Act. CreatInfo.                     | ModifyInfo. |
|--------|-------------------------------------|-------------|
|        | <input checked="" type="checkbox"/> |             |

**Utility Name History Total: 0**

| Utility Name History | CreatBy | CreatDate | ModifyBy | ModifyDate |
|----------------------|---------|-----------|----------|------------|
|                      |         |           |          |            |

**Parent Company Information**

**Tax ID:** 45-2123630    **Complete Name:** Advanced Communications Southeast, Inc.    **Physical Address:** 3428 Larch Pine Drive Duluth GA 30096-3762 USA    **Contact:** Jeffrey M Brooks (919) 662-2662 Fax#: (919) 662-2982  
 jbrooks@itonline.com; David Funderburk (770) 623-4409 dfund@itonline.com    **Bankruptcy Start Date:**    **Bankruptcy Drop Date:**    **Active:**     **CreatedBy:** NGRANT    **CreatDate:** 3/25/2011    **ModifyBy:** NGRANT    **ModifyDate:** 1/24/2014 10:57:24 AM

**Utility Information**

|  |                                       |
|--|---------------------------------------|
| <b>Utility Mailing Name:</b> Advanced Communications Southeast, Inc. | <b>Complete Name:</b> Advanced Cor    |
| <b>Street1:</b> P. O. Box 98   | <b>Street2:</b>                       |
| <b>State:</b> NC   | <b>Zip:</b> 27540-0098                |
| <b>Federal Id:</b> 45-2123630  | <b>Bankruptcy Start Date:</b>         |
| <b>Utility Status Code:</b> REGULATED                                | <b>Utility Status Date:</b> 6/20/2011 |

**RAF Account Information**

|  |  |
|--|--|
| <b>Raf Periods:</b> 1/1/2013 - 12/31/2013                              | <input type="checkbox"/> Correspondence Suspended                |
| <b>RAF Period Covered:</b> 1/1/2013 - 12/31/2013                       | <input type="checkbox"/> Check Received                          |
| <b>Service:</b> CLX  | <input type="checkbox"/> Confidential                            |
| <b>Current RAF Status:</b> RAF period payment with satisfy all the fee | <input type="checkbox"/> Send Collection <b>Collection Date:</b> |
| <b>Raf Transactions:</b>   | <input checked="" type="checkbox"/> RAF Form Received            |
| <b>Operating Revenue:</b> 0.00   | <input type="checkbox"/> Amended Return                          |
| <b>Gross Interstate Revenue:</b> 0.00                                  | <input checked="" type="checkbox"/> RAF Account Satisfied        |
| <b>RAF Rate:</b> 0.0016  | <b>RAF Due Date:</b> 1/30/2014                                   |

**Assessments**

|                  | Due    | Paid   | WriteOff | Refund |
|------------------|--------|--------|----------|--------|
| <b>RAF</b>       | 600.00 | 600.00 |          |        |
| <b>Penalty</b>   | 0.00   | 0.00   |          |        |
| <b>Interest</b>  | 0.00   | 0.00   |          |        |
| <b>Extension</b> | 0.00   | 0.00   |          |        |
| <b>Total</b>     | 600.00 | 600.00 |          |        |

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2014  
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
1/1/2013 TO 12/31/2013

*Records*

TY049-14-T-0-R  
Advanced Communications Southeast, Inc.  
P. O. Box 98  
Holly Springs NC 27540-0098  
DATE 1/24/2014 TIME 3 8 2

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY  
Check # 31930  
\$ 600.00 06-03-001  
\$ \_\_\_\_\_ 003801  
\$ \_\_\_\_\_ JAN 24 2014  
\$ \_\_\_\_\_ PSC 06-03-001  
\$ \_\_\_\_\_ 004011  
COMMISSION CLERK  
Postmark Date 1-19-14  
Initials of Preparer RR

(Name of Company) \_\_\_\_\_ (Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

| LINE NO. |   | TOTAL FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|---|---------------------------------------|--------------------|
| 1.       | Local Service Revenues  | \$ <u>0</u>                           | \$ <u>0</u>        |
| 2.       | Network Access Revenues   | _____                                 | _____              |
| 3.       | Long Distance Network Services Revenues   | _____                                 | _____              |
| 4.       | Miscellaneous Revenues  | _____                                 | _____              |
| 5.       | <b>TOTAL REVENUES</b>   | \$ <u>0</u>                           | \$ <u>0</u>        |
| 6.       | LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup>   | _____                                 | _____              |
| 7.       | <b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 5 less Line 6)                          | _____                                 | \$ <u>0</u>        |
| 8.       | Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than 600, enter amount. If less, enter \$600.) <sup>(2)</sup> | _____                                 | _____              |
| 9.       | Penalty for Late Payment (see "3. Failure to File by Due Date" on back)   | _____                                 | _____              |
| 10.      | Interest for Late Payment (see "3. Failure to File by Due Date" on back)  | _____                                 | _____              |
| 11.      | Extension Payment Fee (see "4. Extension" on back)  | _____                                 | _____              |
| 12.      | <b>TOTAL AMOUNT DUE</b> (Add lines 8 through 11)  | _____                                 | \$ <u>0</u>        |

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

*Jeffrey M Brooks*  
(Signature of Company Official)  
JEFFREY M BROOKS  
(Preparer of Form - Please Print Name)

OFFICER (Title) 12/19/2013 (Date)  
Telephone Number 919 6622662 Fax Number 919 6622982  
F.E.I. No. 45-2123630

*12-19-2013*