

Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: May 6, 1998

TO: Blanca Bayo, Director, Division of Records and Reporting

FROM: Ray Kennedy, Division of Communications REK

RE: Docket No. 980545-TI; Docket Title Change Needed

Please change the docket title to: Application for certificate to provide interexchange telecommunications service by @xess Communications, Inc.

cc: Legal (Pena)

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05102 HAY-68

Kott Enterprises, Inc.

Telecom Tariff Consultants

PO Box 14062, Ft. Lauderdale, Florida 33302 Tel: (954) 764-5093 Fax: (954) 764-0840

> Cynthia D. Kott, President Alison Kacurov, Administrative Assistant

May 1, 1998

Florida Public Service Commission Division of Administration 2540 Shumard Oak Blvd. Gunter Building Tallahassee, Florida 32399-0850

RE: @xess Communications, Inc.

Dear Sir / Madam:

Enclosed please find an original and six (6) copies of the changes you requested.

Any inquiries regarding this application and its contents may be directed to the undersigned.

Please call and let me know that you have received these.

I look forward to working with you on behalf of my client.

Respectfully,

Alison Kacurov

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FPSC-RECORDS/REPORTING

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	() Switchless Rebiller – company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
	() Multi-Location Discount Aggregator – company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers. Then offers the resold service by enrolling unaffiliated customers.
	() Prepaid Debit Card Provider – any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.
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4 Name under which the applicant will do business (fictitious name, etc) (a) XESS COMMUNICATIONS, INC. National address (including street name & number, post office box, city, state and zip code). 286 107th Avenue, Second floor Treasure Island, Florida 33706 6. Florida address (including street name & number, post office box, city, state and zip code): 286 107th Avenue, Second floor Treasure Island, Florida 33706 Structure of organization; (X) Corporation Individual () Foreign Partnership () Foreign Corporation () General Partnership () Limited Partnership () Other, 8. If applicant is an individual or partnership, please give name, title and address of sole proprietor or partners. Provide proof of compliance with the foreign limited partnership (a) statute (Chapter 620.169 FS), if applicable. Indicate if the individual or any of the partners have previously (b) been: N/A- Applicant is a Florida Corporation adjudged bankrupt, mentally incompetent, or found guilty of any (1) felony or of any crime, or whether such actions may result from pending proceedings. officer, director, partner of stockholder in any other Florida (2)certificated telephone company. If yes, give name of company and relatio, ship. If no longer associated with company, give reason NO why not. 9. If incorporated, please give: Proof from the Florida Secretary of State that the applicant has (a) authority to operate in Florida. Corporate charter number: P96000087754

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