

TENNESSEE PUBLIC SERVICE COMMISSION

460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505

STEVE HEWLETT, CHAIRMAN
SARA KYLE, COMMISSIONER
MELVIN J. MALONE, COMMISSIONER



Company ID: 00120952
GTN. Corp d/b/a Global Telecom Network
2400 West Cypress Creek Rd.
Ste. 205
Fort Lauderdale, FL 33309

BEFORE THE TENNESSEE PUBLIC SERVICE COMMISSION
Nashville, Tennessee June 26, 1996

IN RE: CASE NUMBER: 96-00648

Application for Authority for Operator Services and/or Resell
Telecommunications Service and/or Telecommunications Operator Services
Services in Tennessee Pursuant to Rule 1220-4-2-.57.



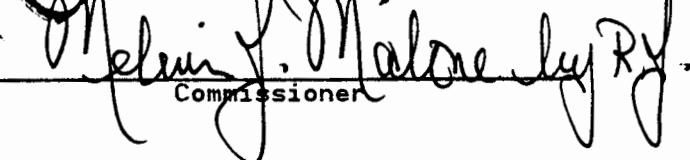
---ORDER---

This matter is before the Tennessee Public Service Commission upon the application of the above-mentioned company for certification as a reseller or telecommunication operator service provider in Tennessee. The Commission considered this application at its regularly scheduled Commission Conference held on June 25, 1996 and concluded that the applicant has met all the requirements for certification and should be authorized to provide the resell of telecommunications service and/or an operator service on an intrastate basis.

IT IS THEREFORE ORDERED:

1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as a telecommunications reseller and/or an operator service provider for state-wide service in Tennessee as specified in its application on file with the Commission.
2. That said company shall comply with all applicable Commission rules and regulations.
3. That this order shall be retained as proof of certification with this Commission, and may be used to obtain appropriately tariffed access service and billing arrangements from Commission authorized telecommunications service providers.
4. That any party aggrieved with the Commission's decision in this matter may file a Petition for Reconsideration with the Commission within ten (10) days from and after the date of this Order.
5. That any Party aggrieved with the Commission's decision in this matter has the right of judicial review by filing a petition with the Tennessee Court of Appeals, Middle Section within sixty (60) days from and after the date of this Order.

Executive Director


Chairman

Commissioner

Commissioner

Secretary of State

Corporations Section

James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

DATE: 05/20/96
REQUEST NUMBER: 3173-1428
TELEPHONE CONTACT: (615) 741-0537
FILE DATE/TIME: 05/20/96 0945
EFFECTIVE DATE/TIME: 05/20/96 0945
CONTROL NUMBER: 0312308

TO:
LANCE STEINHART ATTY
SUITE 1112
1100 ABERNATHY ROAD
ATLANTA, GA 30328

RE:
GTN CORP.
APPLICATION FOR CERTIFICATE OF
AUTHORITY - FOR PROFIT

WELCOME TO THE STATE OF TENNESSEE. THE ATTACHED CERTIFICATE OF
AUTHORITY HAS BEEN FILED WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE
ON OR BEFORE THE FIRST DATE OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE
CORPORATION'S FISCAL YEAR. PLEASE PROVIDE THIS OFFICE WITH WRITTEN
NOTIFICATION OF THE CORPORATION'S FISCAL YEAR. THIS OFFICE WILL MAIL THE
REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE
ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS
OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED
AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE REVOCATION
OF ITS CERTIFICATE OF AUTHORITY.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR
FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR CERTIFICATE OF
AUTHORITY - FOR PROFIT

ON DATE: 05/20/96

FROM:
GTN CORP.
SUITE 205
2400 W CYPRESS RD.
FT. LAUDERDALE, FL 33309-0000

RECEIVED: FEES \$300.00 \$300.00
TOTAL PAYMENT RECEIVED: \$600.00

RECEIPT NUMBER: 00001965932
ACCOUNT NUMBER: 00238315



Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE

TENNESSEE PUBLIC SERVICE COMMISSION

460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505

KEITH BISSELL, CHAIRMAN
STEVE HEWLETT, COMMISSIONER
SARA KYLE, COMMISSIONER

PAUL ALLEN, EXECUTIVE DIRECTOR



APPLICATION FOR CERTIFICATE TO PROVIDE OPERATOR SERVICES AND/OR RESELL INTEREXCHANGE TELECOMMUNICATION SERVICES IN TENNESSEE [RULE 1220-4-2-.57]

SECTION A

Part 1: General Information

A. Name of Applicant GTN. Corp d/b/a Global Telecom Network
Address 2400 West Cypress Creek Road, Suite 205, Fort Lauderdale
State FL Zip Code 33309 Phone No. (305) 491-7200

B. Owner, Partners, or Corporate Officer

NAME	ADDRESS	CITY	STATE	ZIP CODE
Gerald M. Dunne, Sr.	2400 W. Cypress Creek	Ft. Lauderdale	FL	33309
William E. Ottens	2400 W. Cypress Creek	Ft. Lauderdale	FL	33309
Edward P. Dunne	2400 W. Cypress Creek	Ft. Lauderdale	FL	33309

C. Name and telephone number of Tennessee contact person authorized to respond to Commission inquiries Monday through Friday.

Lance J.M. Steinhart (770) 698 9200 (770) 698-9202
Name Tennessee Phone No. Fax No.

D. List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments. 1-800-938-4949

E. Check the type of telecommunication services you plan to provide in Tennessee.

☒ Resell Interexchange long distance services

☐ Operator Services

☐ Other (describe below) Prepaid Calling Card Service.

F. If providing operator services, list company name, address and contact person for all reseller carriers you serve in Tennessee. Provide the above information on Appendix I.

G. List the state(s) you are authorized to operate in at this time. NJ, IA, CO, VA, MI, TX

(To be filled out by PSC)
Company ID Number 96-1648
Date Approved 120952
Evaluator _____

Mail the completed application and a check for \$50.00 to: Tennessee Public Service Commission, P.O. Box 3412, Nashville, TN 37219-0412. Should you have any questions, call (615)741-3939.

- H. List any states that you have been denied authority to provide service.
None.
- I. Areas in Tennessee to be served.
The entire state
- J. What type of customers will the company serve?
a. Business xxx
b. Residential xxx
c. Aggregators _____
(e.g. Hotels, Payphones)
d. Other (specify) Travelers
- K. Do you allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over your network? If yes, specify amount. No
- L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services? Yes X No _____
- M. Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II¹.
- N. What is the applicant's 10XXX or 800 access code? 1-800-938-2559
- O. Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? No
- P. What facility-based network will the applicant be reselling? MCI, Sprint, WilTel, AT&T
- Q. Will the applicant be utilizing the local telephone company's billing system or billing customers direct²? Not Applicable. No bills, prepaid calling cards only.
- R. Describe briefly how the applicant plans to market their services in Tennessee? If an independent telemarketer is going to be used, state company name and address.
Through retail and distribution channels
- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. Not Applicable. Prepaid calling card service only.

¹Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the applicant's request to be rejected.

²A copy of a bill is required if the applicant is going to bill the customer direct.

- T. Applicant has the ability and agrees to honor the form of call blocking that the consumer has subscribed to with their local telephone company. Yes _____ No _____ N/A
- U. Applicant gives permission to the local telephone company to provide the Commission a periodic sample of the reseller's intrastate toll calls. The purpose of this analysis is to audit the reseller's rates to assure they are at or below the dominant carrier's tariffed rates. Yes _____ No _____ N/A

Part II: Organization Structure

A. Type of Organization

_____ Individual XXX Corporation

_____ Partnership _____ Other (Explain on separate sheet)

B. If partnership and/or Non-resident

- (1) Attach a copy of Articles of Incorporation and current by-laws.
- (2) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.

Part III: Financial Information

- A. Attach a current financial statement showing in detail the applicant's financial condition, including balance sheet and income statement, or a copy of IRS form 1120 or 1065 filed by your business for the previous year. Attach, if available, a copy of your company's 10K and/or stockholder reports.

Part IV: Display Card

Attach a copy of the display card to be placed on the aggregators telephone which shows what operator services are to be provided. The card must contain all required information listed in the attached Rule (1220-4-2-.57, B)³, which includes a toll-free number consumers can call for service problems and refunds.

None

³It is the responsibility of the reseller or operator service provider to assure that the appropriate display card is affixed to the aggregates telephones.

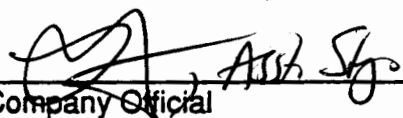
Part V: Rule Compliance Agreement

A. The Interexchange Reseller or Operator Service Provider applicant, hereby, affirms the following:

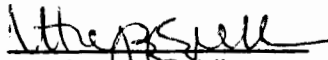
- Has received, read, and understands the Tennessee Public Service Commission's (TPSC) Interexchange Reseller Rules and Regulations, (Appendix III)
- Understands the penalties for non-compliance, and all associated fees to provide such service.
- Will comply with the TPSC Interexchange Reseller Rules and all other applicable Commission Rules and state laws, including T.C.A. Section 65-5-206 (Appendix IV),
- That all information provided in the attached registration document is true to the best of my knowledge.

GTN. Corp d/b/a Global Telecom Network

Company Name _____ Date _____


Company Official _____ Title _____

Subscribed and sworn
before me this 29 day
of March, 19 96


Notary Public

seal

Notary Public, Cobb County, Georgia
My Commission Expires On January 18th, 2000

State of Florida



Department of State

I certify from the records of this office that GTN CORP. is a corporation organized under the laws of the State of Florida, filed on June 1, 1993.

The document number of this corporation is P93000040171.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1995, that its most recent annual report was filed on June 30, 1995, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Fifth day of July, 1995



CR-22 (2-95)

A handwritten signature in cursive script, reading "Sandra B. Northam".

Sandra B. Northam
Secretary of State

ARTICLES OF INCORPORATION

OF

GTN CORP.

The undersigned, acting as incorporator of GTN Corp. Under the Florida Business Corporation Act, adopts the following Articles of Incorporation:

ARTICLE I

NAME

The name of the corporation (the "Corporation") is GTN Corp.

ARTICLE II

ADDRESS

The mailing address of this Corporation shall be 201 South Biscayne Boulevard, Suite 2000, Miami, Florida 33131.

ARTICLE III

DURATION AND COMMENCEMENT OF EXISTENCE

The duration of the Corporation shall be perpetual. The existence of the Corporation will commence on the date of subscription of these Articles of Incorporation, June 1, 1993.

ARTICLE IV

PURPOSE

The purpose of this Corporation shall be to engage in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE V

CAPITAL STOCK

The maximum number of shares of stock which this Corporation is authorized to issue is 10,000 shares of common stock having a par value of \$.01 per share.

ARTICLE VI

REGISTERED OFFICE AND AGENT

The street address of the Corporation's registered office shall be Miami Center, Suite 2000, 201 South Biscayne Boulevard, Miami, Florida 33131-2305 and the registered agent for the Corporation at that address shall be Clayton E. Parker.

ARTICLE VII

INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation are:

Name

Address

Clayton E. Parker

Kirkpatrick & Lockhart
Miami Center, Suite 2000
201 S. Biscayne Boulevard
Miami, Florida 33131-2305

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 1st day of June, 1993.



Clayton E. Parker,
Incorporator