

OFFICIAL FILE

ILLINOIS COMMERCE COMMISSION

ORIGINAL

(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.

Worldwide Marketing Solutions, Inc.

Application for a certificate of (local or interexchange) authority to operate as a (reseller or facilities based carrier) of telecommunications services in (list specific area) in the State of Illinois.

09-0603

CHIEF CLERK'S OFFICE  
2009 DEC 10 A 10:16  
ILLINOIS COMMERCE COMMISSION

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

GENERAL

1. Applicant's Name(including d/b/a, if any) FEIN # 26-0159039

Worldwide Marketing Solutions, Inc.

Address: Street 1100 N.W. 163rd Drive

City Miami State Florida Zip 33169

2. Authority Requested: (Mark all that apply) 13-403 Facilities Based Interexchange  
X 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

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following: **Not applicable ,Seeking IXC authority only.**
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
  - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
  - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
  - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5. In what area of the state does the Applicant propose to provide service?  
Seeking IXC authority in Florida, Illinois, New York, Texas, California and Puerto Rico
6. Please attach a sheet designating contact persons to work with Staff on the following:
- a) issues related to processing this application
  - b) consumer issues
  - c) customer complaint resolution
  - d) technical and service quality issues
  - e) "tariff" and pricing issues
  - f) 9-1-1 issues
  - g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

\_\_\_\_\_ Individual  
\_\_\_\_\_ Partnership

X  Corporation  
Date corporation was formed 1/3/2006  
In what state? Delaware

\_\_\_\_\_ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.
9. List jurisdictions in which Applicant is offering service(s).

\_\_\_\_\_  
\_\_\_\_\_

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)       X  NO

11. Have there been any complaints or judgements 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. \_\_\_\_\_

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.

15. List officers of Applicant.

Arturo Ayala President \_\_\_\_\_  
\_\_\_\_\_

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.)

Industry standard CABs based billing for wholesale sales and prepaid basis for prepaid calling cards.

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?)

Applicant's customers are made aware that they can all customers's toll free# 1-800-693-3492

To resolve any complaints or disputes regarding billing or other items. If the issue cannot be

Addressed at the customer service level, those items are sent up the management chain until they eventually reach the president of the applicant.

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?

1-800-693-3492

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?

**Applicant strictly prohibits any sort of slamming, cramming or unauthorized switching of a customer's service without their consent.**

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?

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:

Equipment collocated at 1100 NW 163<sup>rd</sup> Drive, Miami Florida 33169 includes but is not limited to standard telecommunications switching equipment as such equipment relates to the provisioning and support of prepaid calling products and it's respective prepaid calling platform. Software applications include but are not limited to billing, rate and increment provisioning as such relates to the support of prepaid calling products and applications. Please see Exhibit #3 for technical resumes.

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

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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).

Wholesale Telecommunications, 1-800 number service & wholesale minutes.

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

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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? **Not Applicable.**

\_\_\_\_\_ YES \_\_\_\_\_ NO

x  \_\_\_\_\_

(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Florida  
County of Miami Dade )ss

Arturo Ayala makes oath and says that she is President  
(Insert here the name of affiant) (Insert the official title of the affiant)

of Worldwide Marketing Solutions, Inc. (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 Arturo Ayala  
(Signature of affiant)

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

in the State and County above named, this 29 day of September, 2009

Deborah D Farhat  
(Signature of person authorized to administer oath)

STATE OF FLORIDA - COUNTY OF BROWARD  
The foregoing instrument was acknowledged before me  
this 29<sup>th</sup> day of September, 2009  
by Deborah D Farhat  
who is personally known to me and who has taken an  
oath.

Deborah D. Farhat DD66617  
Notary Public, State of Florida

