COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

Website UFL: 38 Park Ave, 2nd Floor Rutherford NJ 0 Address City County State Zip 201-935-9100 Phone: (Area Code) Number 38 Park Ave, 2nd Floor Rutherford NJ 0 (Address of principal business office at end of year) TO THE PUBLIC UTILITIES COMMISSION OF OHIO FOR THE YEAR ENDED DECEMBER 31, 2011 Name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report.	1					
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Name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report.						
Nome: Mark Laurent CDA e/o Compliance Solutions Inc. Tolenhous #. 407.200.1011						
Name: Mark Lammert, CPA c/o Compliance Solutions, Inc. Telephone #: 407-260-1011						
Title: Tax Preparer for Company Fax #: 407-260-1033						
Address: 740 Florida Central Parkway, Suite 2028, Longwood, FL 32750						

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technician Date Processed AUG 1 0 2012

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GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

Please read the general instructions carefully before filling out this form:

- 1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
- The schedules and questions contained in this report were developed to be generally applicable to all competitive
 telecommunication service providers. All instructions shall be followed and each question answered as fully and
 accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item
 has been overlooked.
- 3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.
- 4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.
- 5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.
- 6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.
- 7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.
- 8. The annual report shall be signed by a duly elected officer of the respondent and it shall be notarized.
- 9. "Operating" as used in this report refers to regulated operations while "Nonoperating" refers to nonregulated operations.

IDENTITY OF RESPONDENT

1.	Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain).			
	Corporation			
2.	If a consolidated, merged, or reorganized company, briefly provide particulars of such transactions, the date of the transactions, and PUCO authority. If a reorganized company, give name of original company.			
	The Company is not a consolidated, merged or reorganized company.			
3.	Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year.			
4.	If incorporated specify: a. Date of filing of articles of incorporation. b. State in which incorporated. January, 2007 Delaware			
5. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued. Case #: Date Issued:				
5.	State whether respondent is operational in Ohio (actually providing service and the date operations began), or available (but not currently providing service).			
	The Company was operational in Ohio throughout 2011.			
7.	If operational, identify Ohio counties where respondent is providing service.			
8.	Identify separately the number of residential and business customers served by respondent. Identify voice, data, or other type services provided. Voice Data Other			
	Residential 0 0 0			
	Business 0 0 0			
) .	Identify if services are provided by resale (total service resale of local exchange company service) or facilities based (through respondent's own switch or via UNE platform), and names of Ohio counties where each type of service is provided. All services are provided via resale in the counties noted in the response to question #7.			
10.	Identify local exchange companies that respondent has interconnection agreements with to provide service in Ohio.			
	The Company does not have interconnection agreements with local exchange companies.			

IMPORTANT CHANGES DURING THE YEAR

Report important changes of the types listed. Except as otherwise indicated data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information which answers an inquiry is given elsewhere in the report, identification of the other answer will be sufficient.

1.	Changes in ownership or control (shareholders holding 5% or more of outstanding stock).
	<u>None</u>
2.	Other important changes: Give brief particulars of each other important change which is not disclosed elsewher in this report.
	None

DIRECTORS, PROPRIETORS, PARTNERS

1. Give the name of each director or proprietor. (For partnerships identify each partner, identify which are general or limited partner and show each partner's percent of interest.)

Term Expired or Current Term Will Expire (c)	Perpetual Perpetual Perpetual	names of individuals holding comparable positions.) 21. Treasurer: Peter Goldberg 22. Controller: Peter Goldberg
Served Continuously From (b)	Inception Inception Inception	ons, show names of individuals holding co 21. Treasurer: Peter Goldberg 22. Controller: Peter Goldberg
Name and Address (City and State) (a)	Adam Goldberg 38 Park Ave, 2nd Floor, Rutherford, NJ 07070 Peter Goldberg 38 Park Ave, 2nd Floor, Rutherford, NJ 07070 Eric Klien 38 Park Ave, 2nd Floor, Rutherford, NJ 07070	(For corporations, show the data requested; for other forms of business organizations, show names of individuals holding comparable positions.) Name of Chairman of the Board: Eric Klein Name of Secretary of Board: Peter Goldberg President: Eric Klein Vice-President: Peter Goldberg Secretary: Peter Goldberg Secretary: Peter Goldberg
Line No.	1 2 2 4 3 3 2 4 4 9 6 5 4 4 9 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16 17 18 19 18

Instructions:

Schedule 2 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

The jurisdictional separation of revenues reported in this schedule should conform, to the extent applicable, to the procedures and instructions of CFR 47 Parts 32 and 36.

For interexchange carriers, intrastate refers to messages originating and terminating in Ohio.

For cellular, competitive access, and paging providers, intrastate refers to amounts billed to an Ohio account.

SCHEDULE: 2

	STATEMENT (OF INTRASTATE GROSS EARNINGS (REVENUE)			
Line #	Item			Amount Ohio Intrast	
1	Common Carrier, Directory Rework performed for others, rent	evenue - Wholesale Cellular Communications, Radio venue, Rent Revenue, Special Billings (revenue from revenue-nonoperating, return on regulated regulated products and services, etc.)	\$	0	
2	Other Revenue, Dividend and In Operating and Nonoperating, O currency exchange or transfer, of of affiliated company accounted other funds, etc.)	\$	0		
3	SUBTOTAL	(1) + (2)	\$	0	
4	Earnings or receipts from sales	to other public utilities for resale	\$	0	
5	TOTAL	(3) + (4)	\$	0	

SCHEDULE: 3

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

Name, Title, Address, and Phone Number of the Company's Contact Persons to Receive Entries and Orders from the Docketing Division			
0.000			
Peter Goldberg	Vice-President		
Name	Title		
740 Florida Central Parkway, Suite 2028, Longwood, FL 32750			
Address			
407-260-1011			
Phone Number (Including Area Code)			
Name Title Address of Discovery Co.			
Name, Title, Address, and Phone Number of Per	son to whom invoice should be Directed		
Mark Lammert CPA c/o Compliance Solutions, Inc.	Tax Preparer for the Company		
Name	Title		
740 Florida Central Parkway, Suite 2028, Longwood, FL 32750 Address			
1300000			
407-260-1011			
Phone Number (Including Area Code)			
Name and Address of the President			
Eric Klein	President		
Name			
38 Park Avenue, 2nd Floor, Rutherford, NJ 07070			
Jo Laik Avenue, 2110 Floor, Runierloru, NJ 07070			

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

ОАТН			
State of:	Florida		
County of:	Seminole)	
Mark Lammert (Insert here the name of the affiant.)		makes oa	th and says that he is
Attorney-in-Fact		of	Telco Experts, LLC (90-9384)
that he has examined the for fact contained in the said rep	oort are true and the said respect to each and every	report is a correct matter set forth t	edge, information, and belief, all statements of statement of the business and affairs of the herein during the period from and including (Signature of affant.)