



**National Compliance Center  
RESPONSE COVER SHEET**  
PO BOX 24679  
WEST PALM BEACH, FL 33416-4679  
Phone 1-800-635-6840 Facsimile 1-888-938-4715

To: **DET JOE RE CAREY  
345 SOUTH CO RD  
PALM BEACH, FL 33480**

File Code: 158886

From: LHH

Phone Number: (561) 838-5474  
Fax Number: (561) 655-9653

Request Dated: 1/4/2006  
Received On: 1/4/2006

Number of Pages: 5  
Date: 1/6/2006

If you are not already doing so, please begin addressing all legal requests to Cingular Wireless. Additionally, effective immediately, please fax all legal requests to Cingular Wireless at 1-888-938-4715.

- The requested information is enclosed.

**CONFIDENTIALITY NOTICE**

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NCC Official Use Only

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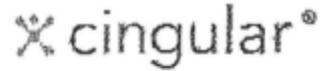
158886

SDNY\_GM\_02764747

**SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17**

158886  
01/06/2006

SUBSCRIBER INFORMATION



05705333

C/T

Financially Liable Party

Name: J. EPSTEIN & COMPANY  
Credit Address: 457 MADISON AVE, #4, NEW YORK, NY 10022

Customer Since: 11/29/2004

Photo ID Type: Driver License

Photo ID State: FL

Photo ID Number: [REDACTED]

DOB: [REDACTED]

SSN: [REDACTED]

Contact Name:

Contact Home Phone: [REDACTED]

Contact Home Email: [REDACTED]

Contact Work Phone: [REDACTED]

Contact Work Email: [REDACTED]

Billing Party

Account Number: [REDACTED]

Name: J. EPSTEIN & COMPANY

Billing Address: 457 MADISON AVE, #4, NEW YORK, NY 10022

Account Status: Active

Billing Cycle: 1

User Information

MSISDN: [REDACTED]

MSISDN Active: 11/29/2004 - Current

IMSI: [REDACTED]

IMEI/ESN: [REDACTED]

Name: JAMUSZ B

User Address: 358 EL BRILLO WAY, PALM BEACH, FL 33480

Service Start Date: 11/29/2004

Dealer Info: AINWS 4109

Payment Type: Postpaid

Contact Name: JAMUSZ B

Contact Home Phone: [REDACTED]

Contact Home Email: [REDACTED]

Contact Work Phone: [REDACTED]

Contact Work Email: [REDACTED]

Status Change History

Status Change Reason:

Status Change Date:

158886

01/06/2006

SUBSCRIBER INFORMATION



05390467

C/T

Financially Liable Party

Name: [REDACTED]  
Credit Address: [REDACTED]

Customer Since: 08/20/2003  
Photo ID Type: Driver License  
Photo ID Number: [REDACTED]  
DOB: [REDACTED]  
Photo ID State: FL  
SSN: [REDACTED]

Contact Name: [REDACTED]  
Contact Home Phone: (000) 000-0000  
Contact Home Email: [REDACTED]  
Contact Work Phone: [REDACTED]  
Contact Work Email: [REDACTED]

Billing Party

Account Number: [REDACTED]  
Name: [REDACTED]  
Billing Address: [REDACTED]

Account Status: Active  
Billing Cycle: 28

User Information

MSISDN: [REDACTED]  
MSISDN Active: 08/20/2003 - Current

Name: [REDACTED]  
User Address: [REDACTED]

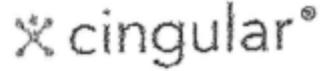
Service Start Date: 08/20/2003  
Payment Type: Postpaid  
Contact Name: [REDACTED]  
Contact Home Phone: [REDACTED]  
Contact Home Email: [REDACTED]  
Dealer Info: 6H17 0017  
Contact Work Phone: [REDACTED]  
Contact Work Email: [REDACTED]

Status Change History

Status Change Reason: [REDACTED]      Status Change Date: [REDACTED]

158886  
01/06/2006

SUBSCRIBER INFORMATION



06149636

C/T

Financially Liable Party

Name: THOMAS ROFRANO  
Credit Address: [REDACTED]

Customer Since: 11/20/2005  
Photo ID Type: Driver License  
Photo ID Number: [REDACTED]  
DOB: [REDACTED]  
Photo ID State: FL  
SSN: [REDACTED]

Contact Name: [REDACTED]  
Contact Home Phone: [REDACTED]  
Contact Home Email: [REDACTED]  
Contact Work Phone: [REDACTED]  
Contact Work Email: [REDACTED]

Billing Party

Account Number: [REDACTED]  
Name: THOMAS ROFRANO  
Billing Address: [REDACTED]

Account Status: Active  
Billing Cycle: 6

User Information

MSISDN: [REDACTED]  
MSISDN Active: 11/20/2005 - Current  
Name: THOMAS ROFRANO  
User Address: [REDACTED]

Service Start Date: 11/20/2005  
Payment Type: Postpaid  
Contact Name: THOMAS ROFRANO  
Contact Home Phone: [REDACTED]  
Contact Home Email: [REDACTED]  
Dealer Info: APWK1 9105  
Contact Work Phone: [REDACTED]  
Contact Work Email: [REDACTED]

Status Change History

Status Change Reason: [REDACTED] Status Change Date: [REDACTED]

158886

**IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA (CRIMINAL DIVISION)**

**STATE ATTORNEY SUBPOENA**  
NO. 05-787  
PBPB Case #05-368

Cingular Wireless  
Subpoena Compliance  
801 Northpoint Parkway  
West Palm Beach, FL 33407  
Fax 888-938-4715

**DUCESTECUM:** Any and all subscriber information for telephone number 561-818-8361, 561-389-6874, and 561-309-0079

**GREETINGS: YOU ARE HEREBY COMMANDED** to be and appear before **THE STATE ATTORNEY** or his Assistant, in and for Palm Beach County, Florida, at the State Attorney's Office, 401 North Dixie Highway, West Palm Beach, Florida. **\*\*INSTANTER** for interrogation and the truth to speak, in a certain matter pending and under investigation. Failure to appear will subject you to contempt of Court.

**\*\*\*\*\* You may comply by supplying materials directly to Detective Joe Recarey, Town of Palm Beach Police Department, 345 South County Road, Palm Beach, Florida.\*\*\*\*\***

WITNESS my hand and seal of this Court  
this 4<sup>th</sup> day of January, 2006  
SHARON BOCK, CLERK

By [Signature]  
Deputy Clerk



[Signature]  
ASSISTANT STATE ATTORNEY  
Attorney for STATE OF FLORIDA

Received this subpoena on the 4 day of January, 2006, and executed the same on the 4 day of January, 2006, by delivering a True Copy thereof to the within named witness in the County of Palm Beach, State of Florida.

[Signature]  
Deputy Sheriff