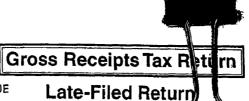
TO AVOJO PENALTY AND INTEREST CHARGES, T	THE REGULATORY ASSESSMENT FEE RETURN	MUST BE FILED ON OR BEFORE 01/30/2001 Aulatory Assess Int Fee Re	URIGINAL	
Intere	excl ge Company Regu	unatory Assess and Fee Re	CK Ant #143.00	
STATUS: P. J. A	Florida Public Servi	FOR PSC USE ONLY Check#3526		
Actual Return K. 10th	TJ067-00-0-R	\$ 50.00 0603001		
Estimated Return Amended Return	Telcom.Net, Inc.	\$ 12.50 P		
Amended Return	17701 Biscayne Blvd., 3rd Aventura, FL 33160-4813	1	9.00	
PERIOD COVERED:	Aventura, PL 33100-4813		Postmark Date 2//2/02	
01/01/2000 TO 12/31/2000 DATE	Initials of Preparer MC			
U.S. 1 17 000	Please Complete Relow If Officia	al Mailing Address Has Changed	Right later to post 12 to 100	
D232 B JUL 1 (20) (Name of Company)	The state of the s	(Address)	(City/State) (Zip)	
The state of the s		FLORIDA		
LINE NO. ACCOUNT CLASSIF	ICATION	GROSS OPERATING REVENUE	NTRASTATE REVENUE	
Long Distance Services Access Services	kveign sales -	s 10(03131.01	3110	
3. Private Line Services 4. Leased Facilities & Circuits S	Services	THE PERSON NAMED IN THE PE	AVER TOO TO	
5. Miscellaneous Services6. TOTAL Telephone Services		s 104313101	21/6	
7. LESS: Amounts Paid to Other (see "2. Fees" on back)	Telecommunications Companies*	()	TO MENT TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE	
 Regulatory Assessment Fee D 	gulatory Assessment Fee Calculation due (Multiply Line 8 by 0.0015)	1250 25%	5000	
10. Penalty for Late Payment (see 11. Interest for Late Payment (see 12. TOTAL AMOUNT DUE	"3. Failure to File by Due Date" on back) "3. Failure to File by Due Date" on back)	1200 12%	-450	
* These amounts must be intrastate on	ly and must be verifiable.			
AS PROVIDED) IN SECTION 364.336, FLORIDA	STATUTES, THE MINIMUM ANNUA	AL FEE IS \$50	
	CURRENT CO	MPANY STATUS		
() Facilities-Based Carrier () Alternate-Operator Service	() Reseller () Rebiller	() Call Aggregator () Other:		
	BILLING IN	NFORMATION		
Complete below if billing agent if other than				
(Name)	시 마시 마시 마시 아이들은 사람들이 가는 아니라 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다면 없다.	ddress: City/State/Zip)	(Telephone)	
What is the total amount of customer depos Amount: \$ for 19		Amount: \$	amount of bond held (if applicable)? Expires:	
GCL	^	NFORMATION		
Do you lease telecommunications' facilities? If YES, who do you lease these facilities from		Communications		
SECAddress: DO POX	85660 Louisville	e K.Y 40285	544()	
I, the undersigned owner/officer of the a	above-named company, have read the foreg	going and declare that to the best of my knowled ss, whoever knowingly makes a false statement he second degree.		
manaco	irle or all	Centroller	7-11-02	
(Signature of Company Of	in the state of	(Title) Telephone Number 305 9317270	DOCUMENT CALE	
(Preparer of Form - Pleas	e Print Name)	F.E.I. No. (05.079.00	S 107448 JUL 178	
PSC/CMU-153 (Rev. 11/11/99)			FPSC-COMMISSION CLERK	

Inte	rexchange Company	Regulatory Assessment Fee	Return CK Amt #/43		
STATUS:		Florida Public Service Commission (See Filing Instructions on Back of Form)			
Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2001 TO 12/31/2001 DEPOSIT BA	Actual Return Estimated Return Amended Return ERIOD COVERED: 1/01/2001 TO 12/31/2001 DEPOSIT TJ067-01-0-R Telcom.Net, Inc. 17701 Biscayne Blvd., 3rd Floor Aventura, FL 33160-4813				
D232 JUL 17 (Name of Company)	<u>ZUUL </u>	(Address)	(City/State) (Zip)		
1. Long Distance Services 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits 5. Miscellaneous Services 6. TOTAL Telephone Service 7. LESS: Amounts Paid to Oth (see "2. Fees" on back) 8. TOTAL REVENUES For R 9. Regulatory Assessment Fee 10. Penalty for Late Payment (s 11. Interest for Late Payment (s 12. TOTAL AMOUNT DUE * These amounts must be intrastate of	es es er Telecommunications Companies* egulatory Assessment Fee Calculation Due (Multiply Line 8 by 0.0015) ee "3. Failure to File by Due Date" on ee "3. Failure to File by Due Date" on only and must be verifiable.	FLORIDA GROSS OPERATING REVENUE \$ 903844-33 \$ 903 84433	INTRASTATE REVENUE S S S S S S NNUAL FEE IS \$50		
Complete below if billing agent if other th		() Other:			
(Name) What is the total amount of customer dependence of the second of			() (Telephone) (total amount of bond held (if applicable)? S Expires:		
Address: I, the undersigned owner/officer of the	es? () YES () NO rom? Name: e above-named company, have read that pursuant to Section 837.06, Florida er duty shall be guilty of a misdemean official)	he foregoing and declare that to the best of my a Statutes, whoever knowingly makes a false sta	knowledge and belief the above information is a		
PSC/CMU-153 (Rev. 11/11/99)			•		

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2002



. ARTMENT OF REVENUE ENNESSEE ST ALLAHASSEE, FL 32399-0150

650790057/22/001 FEIN or SSN:

Applied Period:

RDS Validation Use Only — Do Not Write or Stamp in this Space

Name and Address if not pre-printed;

TELCOM NET LP 18999 BISCAYNE BLVD STE 210 MIAMI FL 33180-2814 discontinue ment

			1		L	/			
ck here and complete	01/31/2001 OR BUSINESS INFORMAT In change of address form (HIP? See instructions.	TON CHANGED?	st_be filed ev	FINAL RE	TURN? Che	eck here if yo our final retu	Dayment sent. ou are discontinuing your m. See Instructions.		
ep 1. edules A & B everse side.	Step 1 If you report Telecommunications Receipts on Line 3, you MUST complete Schedule A on the reverse side. Use Schedule B (on reverse side) if you have entries in Column B.								
ep 2. culate Taxes Due	Step 2	Column A Gross Receipts	Column B Exempt Receipts	Column Taxable Gros Receipts or Costs	is	Column [Tax Rate 2.5%	Column E Tax Due (C x D)		
	1. Electric Receipts				i X	.025			
Electrii	Cogenerated or Small Power Producers				×	.025	Ī		
ee Step 1 STOP	3. Telecommunication Receipts	4.58	0.00	4.58	×	.025	1 0 11		
ample: Jam A \$10,000.00 Jam B - 5,000.00 = 5,000.00 Jam D Rate x .025	On-Site Collections Local Pay Telephone Service				× 	.025	Ī		
	5. Substituted System (By-Pass)				× ×	.025	Ī		
\$125.00	6. Gas Receipts	i			x x	.025			
						Column Tota	al:		
ep 3. lits and Amount Due.	Step 3 DOR Credi Enter total c	t Memo 8a. redits in Box 8. If D		redits 8b. attach a copy of	the origina	Total Cred al memo.	dits a.		
	Amount of Tax Due (E	Box 7 minus Box 8	3)				9.		
Step 4.	Step 4	Amount in Box 9	Pena	Penalty Rate (see back for Penalty Rate chart)		chart)	Penalty Amount Due		
You must calculate	Penalty	×			= 10		10.		
Penalty and		Amount in Box 9	Daily Inter	Daily Interest Rate(s) Num		f Days Late	Interest Amount Due		
Interest.	Interest (see instructions for rates)	0 /		.000328767 × -		0 =	ii		
				Penalty	not to excee	d 50% of tax	due. Minimum penalty \$10.		
Step 5. Calculate Total Due with Beturn	This is the a	with Return (Box mount due with your n ck here if you hav	eturn. Make check pa	yable to Florida D			12.		

Step 6 Under penalties of perjury, I hereby certify that this return has been examined by me and to the best of my knowledge and belief is a true and complete return (§ 92,525(2), 203.01(1) and 837.06, Florida Statutes).

Make a copy for your records. Use envelope enclosed.

Authorized Signature MQ

Type or Print Name

with Return.

Step 6. Sign and mail

form. Keep a copy for your

records.

Date 3/14