

# Alternative Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX666-01-0-R 020000-PU  
 Wireless One Network Management, L.P.  
 2100 Electronics Lane  
 Ft. Myers, FL 33912-**DEPOSIT** DATE  
 CC: P. Isler **D2520** SEP 11 2002

FOR PSC USE ONLY	
Check# <b>2383</b>	
\$ <b>50.00</b>	0603006 003001
\$ <b>12.50</b>	P 0603006 004011
\$ <b>4.00</b>	
Postmark Date <b>9/4/02</b>	
Initials of Preparer <b>MC</b>	

PERIOD COVERED:  
01/17/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

Wireless One Network Management, LP

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**	0	0
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		0
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		50.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	4.00	
13.	TOTAL AMOUNT DUE		\$ 66.50

- \* These amounts must be intrastate only and must be verifiable.
- \*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

( ) Facilities-Based Provider

( ) Reseller

Other: NOT PROVIDING SERVICES

AUS \_\_\_\_\_  
 CAF \_\_\_\_\_  
 Complete below if billing agent if other than yourself.

BILLING INFORMATION

COM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 (Name)

(Address: City/State/Zip)

(Telephone)

ECR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 Do you lease telecommunications facilities? ( ) YES

COMPANY INFORMATION

NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_

SEC \_\_\_\_\_  
 OTH \_\_\_\_\_  
 Address: \_\_\_\_\_

DOCUMENT NUMBER-DATE

09554 SEP-92

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

[Signature]  
 (Signature of Company Official)

EXECUTIVE Vice President 9/4/02  
 (Title) (Date)

PATRICIA M. HEATH  
 (Preparer of Form - Please Print Name)

Telephone Number 239 489-1600 Fax Number 239 489-1928

F.E.I. No. 59-3418223