

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:
 Actual Return
 Estimated Return
 Amended Return

CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ176
 Long Distance America, Inc.
 P. O. Box 5742
 Ft. Lauderdale, FL 33310-5742

011019-TI

FOR PSC USE ONLY
 Check# 1312
 \$ 50.00 0603001
 \$ 12.50 003001
 \$ 3.50 P
 0603001
 004011
 Postmark Date 8/1/01
 Initials of Preparer MC

PERIOD COVERED:
 01/01/2000 TO
 12/31/2000
 DEPOSIT

DATE

Please Complete Below If Official Mailing Address Has Changed

D105 AUG 08 2001
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>- 0 -</u>)	(<u>- 0 -</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	<u>50.00</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	<u>12.50</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	<u>3.50</u>
12.	TOTAL AMOUNT DUE	_____	\$ <u>66.00</u>

*APP These amounts must be intrastate only and must be verifiable.

CAF _____
 CMP _____ AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50
 COM _____
 CTR _____

CURRENT COMPANY STATUS

ECR _____
 Facilities-Based Carrier Reseller Call Aggregator
 Alternate Operator Service Rebiller Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.
 SER _____
 OTH _____ (Name) (Address: City/State/Zip) (Telephone)
 What is the total amount of customer deposits collected? Amount: \$ _____ for 19 ____
 What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES (X) NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

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.

Jaeger A. Green (Signature of Company Official) President (Title) 7-31-01 (Date)

Gregory A. Green (Preparer of Form - Please Print Name) Telephone Number (800) 240 7170 Fax Number (800) 240 7170

09602 AUG-7 01 E.E.I. No. _____