TO AVOID PENALTY AND INTEREST CHARGES				ON OR BEFORE 01/30/2 essment Fee	
STATUS:	Florida Public Service Commission ED FOR PSC USE ONLY				
Actual Return Estimated Return Amended Return	TJ118 $O O \cap -TL$ $UI SEP - 5 PH$ $s 50.00$ 0603001 Omniplex Communications Group, LLC $OMMISS$ $s 12,50$ P 17 Research Park Drive $COMMISS$ ON $1 - 10.000000000000000000000000000000000$				
PERIOD COVERED: 01/01/2000 TO 12/31/2000	D114 SEP 0 6 2001				Postmark Date 8-27-01 Initials of Preparer Mini-
Please Complete Below If Official Mailing Address Has Changed					
Omniplex Communications (Name of Company)	Group, UC	17 Roscarch (Add	Park Dri Iress)		St. Charles MO 63304 (City/State) (Zip)
LINE NO ACCOUNT C	LASSIFICATION			RIDA AT	Contract Address (Marshop 44)
 Long Distance Services Access Services 			s <u>768</u>	.8	\$908
 Private Line Services Leased Facilities & Circuits 5 Miscellaneous Services 	Services		<u>ــــــــــــــــــــــــــــــــــــ</u>		
 TOTAL Telephone Services LESS: Amounts Paid to Other 	as Companies*	s 768		\$ <u> </u>	
(see "2. Fees" on back) 8. TOTAL REVENUES For Re			هود)	<u> </u>	(<u>636</u>) <u>272</u>
 Regulatory Assessment Fee L Penalty for Late Payment (see Interest for Late Payment (see TOTAL AMOUNT DUE 	e "3. Failure to File	e by Due Date" on ba		-	<u>50.00</u> 12.50 <u>3.00%</u>
* These amounts must be intrastate	only and must i	he verifiable			The second s
· · · · · · · · · · · · · · · · · · ·			ATUTES, TH	E MINIMUM ANN	UAL FEE IS \$50
		CURRENT COMP	ANY STATU	S	ÇC
 () Facilities-Based Carrier () Alternate-Operator Service 	(() Call Age		t t t,∄, t
Complete below if billing agent if other the	ban yourself.	BILLING INFO	ORMATION		an a
(Name) What is the total amount of customer deput	Dists collected?	(Address	: City/State/Zip	What is the tota	() (Telephone) al amount of bond held (if applicable)?
Amount: \$ -0 - for	2600		·	Amount: \$	<i>N/A</i> Expires:
Bo you lease telecommunications' facilities If YES, who do you lease these facilities		COMPANY INF	ORMATION		
Address:					
I. the undersigned owner/officer of t information is a true and correct statement. the intent to mislead a public servant in it	I am aware that pu	ursuant to Section 837.	06, Florida Statu	tes, whoever knowingly	makes a faise statement in writing with
Wayne Belve			VP, FI	nance	8/24/01 (Date)
Signature of Company Of	ncial)				
(Preparer of Form - Pleas	e Print Name)			••••	99421Number 4884 - DXYZ- 6793
		F.F		5-1166685	1037 SEP-5=
PSC/CMU-153 (Rev. 11/11/99)				FDer	C-COMMISSION CLERK
				EE 34	- COLUMODION OFFICE



17 Research Park Drive · St. Charles, MO 63304

DISTRIBUTION CENTER

August 28, 2001

Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

RE: 2000 Regulatory Assessment Fee

Attached is a completed 2000 Regulatory Assessment Fee Return. Included with that is a check for the calculated fees amounting to \$65.50. Due to an oversight, I am submitting this report late. As per you letter dated August 11, I do recognize that we may be imposed with a \$500 penalty for filing this late. If that is the case, then please send that to my attention and I will make sure that it is taken care of immediately.

If you require any additional information, please contact me at (636) 443-6700.

Sincerely,

Mayne Beloe

Wayne J. Belue Vice President, Finance Omniplex Communications Group, LLC (636) 443-6700

DOCUMENT NUMBER-DATE