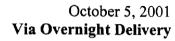
TO AVOID PENALTY AND INTREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/01 Interexchange Company Regulatory Assessment Fee Return D11098-TI FOR PSC USE ONLY STATUS: Florida Public Service Commission (See Filing Instructions on Back of Form) Check # Actual Return Estimated Return TJ447-00-0-R 0603001 Futur Telecom America, Inc. Amended Return 100000 DATE 35 West 36th Street, 7th Floor PERIOD COVERED 0603001 OCT 09 2001 004011 New York, NY 10018-7906 D 1 2 6 🖚 Dec. 8, 2000 -Dec. 31, 2000 Please Complete Below If Official Mailing Address Has Changed (City/State) (Name of Company) (Address) (Zip) **FLORIDA** ACCOUNT CLASSIFICATION GROSS OPERATING REVENUE INTRASTATE REVENUE LINE NO. 1. Long Distance Services 2. Access Services 3. Private Line Services Leased Facilities & Circuits Services 0.00 4. 5. Miscellaneous Services 0.00 0.00 1,322.00 1,322.00 6. **TOTAL Telephone Services** LESS: Amounts Paid To Other 7. Telecommunications Companies\* (see "2. Fees" on back) 8. TOTAL REVENUES For Regulatory Assessment Fee Calculation 1,322.00 50.00 9. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) 10. Penalty for Late Payment (see"3. Failure to file by Due Date" on back) Interest for Late Payment (see"3. Failure to file by Due Date" on back) 11. 12. TOTAL AMOUNT DUE 67.00 \*These amounts must be intrastate only and must be verifiable. AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 4PP **CURRENT COMPANY STATUS** CMP, A Bacillities-Based Ca

M Attended Carrier (A) Reseller		( ) Can Aggregator		
Alternative-Operator Service () Rebi	ller	( ) Other:		<del></del>
CR	RILLING	NFORMATION		
Complete below if billing agent if other than yourself.	DILLETO	IN ORGANITION		
PU				
Al (Name)		(Address: City/State/Z		· (Telephone)
GOWhat is the total amount of customer deposits collected?				of bond held (if applicable)?
EC Amount: \$-0- for 2000			Amount: N/A	Expires:
ER	COMPANY	INFORMATION		
TH Do you lease telecommunications facilities?		) NO		
If YES, who do you lease facilities from: Name:	MCI/Worldcom			
Address:				
I, the undersigned owner/officer of the above-name information is a true and correct statement. I am av				
writing with the intent to mislead a public servant in				
(180): A	•			10/1/0
Simble of Company Official)		Treasurer/CFO (Title)		(Date)
(Signature of Company Official)	`		(Tiue)	(Date)
Pierre Martin		Telephone Number: 212-832-7713, Fax Number		212-754-3397
(Preparer of Form-Please Print Name)		•	•	
		F.E.I.No. 52-208		* ************************************
			DUCUMEN	T NUMBER - DATE

12788 QCT-85



210 N. Park Ave.

Winter Park, FL

32789

PO. Drawer 200 Winter Park, FL 32790-0200

Tel: 407-740-8575 Fax: 407-740-0613 tmi@tminc.com Fiscal Services

Florida Public Service Commission

Division Of Communication 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

RE: Futur Telecom America, Inc

> FL IXC Regulatory Assessment Fee For the year ending December 31, 2000

Utility Number: TJ447-00-0-R

Dear Sir or Madam:

Enclosed please find the FL IXC Regulatory Assessment Fee for the year ending December 31, 2000, filed on behalf of Futur Telecom America, Inc. A check in the amount of \$67.00 (\$50.00 fee, \$12.50 late fee and \$4.50 interest penalty) is enclosed to cover the remittance fees due.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely.

Mark G. Lammert

Compliance Reporting Consultant

Pierre Martin - Futur Telecom America, Inc cc:

file: Futur Telecom America, Inc - Reporting - Florida

