

ORIGINAL

Interexchange Company Regulatory Assessment Fee Return

CK Amt \$100.00 - See TX 298

STATUS:
[X] Actual Return
[] Estimated Return
[] Amended Return

T. Mcloy
JCA

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TJ242-02-0-R
Caronet, Inc.
% Progress Telecom
263 13th Avenue South
St. Petersburg, FL 33701-5511

FOR PSC USE ONLY
Check# 20060829
\$ 50.00
0603001 003001
0603001 004011
Postmark Date 5/13/02
Initials of Preparer MC

PERIOD COVERED:
01/01/2002 TO 12/31/2002
DEPOSIT

D213
MAY 14 2002

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Includes rows for Long Distance Services, Access Services, etc., and a total amount due of 50.00.

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

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

CURRENT COMPANY STATUS
() Facilities-Based Carrier () Reseller () Call Aggregator
() Alternate-Operator Service () Rebiller (X) Other: carrier's carrier

BILLING INFORMATION
Complete below if billing agent if other than yourself.
(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 () 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.

US AF MP OM TR
Signature of Company Official: THOMAS R. SULLIVAN
Treasurer:
Telephone Number: 56-2063691
F.E.L. No. 56-2063691

CP (Rev. 11/11/99)
ICL
IPC
MMS
SEC

DOCUMENT NUMBER: DATE
05157 MAY 14 8

Alternative Local Exchange Company Regulatory Assessment Fee Return

CK Amt \$100.00 - See T524

STATUS:
 Actual Return
 Estimated Return
 Amended Return

T. McCoy
 JECCA

Florida Public Service Commission
 (See Filing Instructions on Back of Form)

PERIOD COVERED:
 01/01/2002 TO 12/31/2002

DEPOSIT DATE

D2130 MAY 14 2002

TX298-02-0-R
 Caronet, Inc.
 % Progress Telecom
 263 13th Avenue South
 St. Petersburg, FL 33701-5511

FOR PSC USE ONLY
 Check# 0000829
 \$ 5000 0603006
 \$ P 003001
 0603006
 004011
 \$ I
 Postmark Date 5/13/02
 Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | FLORIDA | |
|----------|---|-------------------------|--------------------|
| | | GROSS OPERATING REVENUE | INTRASTATE REVENUE |
| 1. | Basic Local Services | \$ | \$ |
| 2. | Long Distance Services (IntraLATA only)** | | |
| 3. | Access Services | | |
| 4. | Private Line Services | | |
| 5. | Leased Facilities & Circuits Services | | |
| 6. | Miscellaneous Services | | |
| 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) | | |
| 11. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | | |
| 12. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | | |
| 13. | TOTAL AMOUNT DUE | | \$ 50.00 |

* 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: carrier's carrier

BILLING INFORMATION
 Complete below if billing agent if other than yourself.
 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION
 Do you lease telecommunications' facilities? YES 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.

Thomas R. Sullivan (Signature of Company Official) _____ (Date)
 _____ (Title)
 Telephone Number () _____ Fax Number () _____
 Preparer of Form - Please Print Name: THOMAS R. SULLIVAN
 F.E.I. No. 56-2063691