

ORIGINAL

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

P. Isler
JCCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX592-01-0-R
ANEW Broadband, Inc.
815 N.W. 57th Avenue, Suite 303
Miami, FL 33126-2042

FOR PSC USE ONLY	
Check#	1263
\$	50.00
	0603006
	003001
\$	P
	0603006
	004011
\$	I
Postmark Date	5/21/02
Initials of Preparer	MC

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

09/26/2001 TO 12/31/2001

DEPOSIT

DATE

cc: P. Isler

D2186

MAY 28 2002

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	\$	
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		
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	\$	

- * 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:

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:

NO Bell South

Address:

DOCUMENT NUMBER - DATE
05606 MAY 28 2002
FPSC - COMMISSION CLERK

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 of Company Official)

María @ Ramirez
(Preparer of Form - Please Print Name)

stop Account 05-20-02
(Title) (Date)

Telephone Number (202) 261-7772 Fax Number 300-261-274

F.E.I. No. 65-112-5390