

# Interexchange Company Regulatory Assessment Fee Return ORIGINAL

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler  
/CCA

TI535-01-0-R  
Axces of Delaware, Inc.  
2500 Wilcrest, Suite 540  
Houston, TX 77042-2756

cc: P. Isler

FOR PSC USE ONLY

Check# 23225  
\$ 50.00 0603001  
003001  
\$ \_\_\_\_\_ P 0603001  
004011  
\$ \_\_\_\_\_ I  
Postmark Date 5/24/02  
Initials of Preparer MC

PERIOD COVERED:

01/01/2001 TO 12/31/2001

**DEPOSIT**

**DATE**

Please Complete Below If Official Mailing Address Has Changed

**D219**

**MAY 31 2002**

(Name of Company)

(Address)

(City/State)

(Zip)

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

\* 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
- Other: \_\_\_\_\_

### BILLING INFORMATION

AUS \_\_\_\_\_  
CAF \_\_\_\_\_  
CMP \_\_\_\_\_  
COM \_\_\_\_\_ (Name) \_\_\_\_\_ (Address: City/State/Zip) \_\_\_\_\_ (Telephone) \_\_\_\_\_  
CTR \_\_\_\_\_  
ECP \_\_\_\_\_  
GCL \_\_\_\_\_  
OPC \_\_\_\_\_  
MMS \_\_\_\_\_  
SEC \_\_\_\_\_  
OTH \_\_\_\_\_  
Address: \_\_\_\_\_

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.

\_\_\_\_\_  
(Signature of Company Official)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Telephone Number 713 781-1187 DEAC Number 354-0142

F.E.I. No. 76-0422394 05691 MAY 30 2002