

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

TJ519-01-0-R
MCG, LLC
2799 McFarlane Road, 2nd Floor
Coconut Grove, FL 33133

FOR PSC USE ONLY
Check# 1124
\$ 50.00
\$ 5.62
Postmark Date 7/2/02
Initials of Preparer MC

PERIOD COVERED: 06/15/2001 TO 12/31/2001

DEPOSIT

DATE

cc: P. Isler

D229

JUL 10 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. Long Distance Services
2. Access Services
3. Private Line Services
4. Leased Facilities & Circuits Services
5. Miscellaneous Services
6. TOTAL Telephone Services
7. LESS: Amounts Paid to Other Telecommunications Companies\*
8. TOTAL REVENUES For Regulatory Assessment Fee Calculation
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)
11. Interest for Late Payment (see "3. Failure to File by Due Date" on back)
12. TOTAL AMOUNT DUE

\$ 1532541.00
\$ 1532541.00
(1287161.00)
8.97
1.80

\$ 60325.00
\$ 60325.00
(30421.00)
29904
4485
\$ 55.62

\* 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 (x) Reseller ( ) Call Aggregator
( ) Alternate-Operator Service ( ) Rebillor ( ) Other:

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 (x) 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) MARIA MENENDEZ (Preparer of Form - Please Print Name)
(Title) (Date) 8/31/02
Telephone Number 305 442 8034 Fax Number 305 442 9809
F.E.I. No. 15-1029288