

Interexchange Company Regulatory Assessment Fee Return

2000 P+I, 2001 Ref+P+I and 2002 RAF

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
JCCA  
Nonmyc*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

<b>DEPOSIT</b>	<b>DATE</b>
TJ410-01-0-R	
ESS.COM, L.L.C. <i>0233</i>	JUL 22 2002
1801 South Federal Highway, Suite 237	
Delray Beach, FL 33483-3357	
cc: P. Isler <i>020000-PU</i>	

FOR PSC USE ONLY	
Check# <i>3397</i>	
\$ <i>121.50</i>	0603001
\$ <i>15.00</i>	003001
\$ <i>3.50</i>	0603001
	004011
Postmark Date <i>7/16/02</i>	
Initials of Preparer <i>MC</i>	

PERIOD COVERED:  
01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

<i>ESS.COM, L.L.C.</i>	<i>300 West Pratt Street, SU 530,</i>	<i>Baltimore, MD</i>	<i>21201</i>
(Name of Company)	(Address)	(City/State)	(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ <i>25,649.00</i>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ <i>12,824.50 (est)</i>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )	( <i>12,824.50</i> )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		<i>12,824.50</i>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	<i>25%</i> <i>4.81</i>	<i>19.24</i>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<i>12%</i> <i>2.30</i>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	TOTAL AMOUNT DUE		\$ <i>2635</i>

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

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$500

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: \_\_\_\_\_

BILLING INFORMATION

Complete below if billing agent if other than yourself.

<i>Billing Concepts</i>	<i>7411 John Smith Dr., SU 200, SAN ANTONIO, TX 78229</i>	<i>(210) 949-7000</i>
AUS (Name)	(Address: City/State/Zip)	(Telephone)
What is the total amount of customer deposits collected? CME amount: \$ <i>0</i> for 19 <i>2001</i>	What is the total amount of bond held (if applicable)? Amount: \$ <i>0</i> Expires: <i>2001</i>	

COMPANY INFORMATION

Do you lease telecommunications facilities? ( ) YES (X) NO

If YES, who do you lease these facilities from? Name: \_\_\_\_\_

OPC \_\_\_\_\_

MMS Address: \_\_\_\_\_

SEC

OTR *None*

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.

<i>William R. Heitz, on behalf of ESS.COM, L.L.C.</i>	<i>Attorney</i>	<i>7/16/02</i>
(Signature of Company Official)	(Title)	(Date)
<i>William R. Heitz</i>	Telephone Number <i>(561) 274-7000</i>	DOCUMENT NUMBER <i>274-7099</i>
(Preparer of Form - Please Print Name)	F.E.I. No. _____	<i>07494 JUL 18 02</i>