

ORIGINAL

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
CEA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ508-01-0-R
 USA Telephone Inc.
 1510 N.E. 162nd Street
 North Miami Beach, FL 33162-4716
 cc: P. Isler

FOR PSC USE ONLY
 Check# 3769
 \$ 50.00 0603001
 \$ 12.50 003001 P
 \$ 5.00 0603001 I
 004011
 Postmark Date 11/23/02
 Initials of Preparer MC

PERIOD COVERED:
 12/27/2001 TO 12/31/2001

DEPOSIT

D276

NOV 27 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	\$ <u>NONE</u>	\$ <u>NONE</u>
2.	Access Services	<u>0</u>	<u>0</u>
3.	Private Line Services	<u>0</u>	<u>0</u>
4.	Leased Facilities & Circuits Services	<u>0</u>	<u>0</u>
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>0</u>)	(<u>0</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		<u>0</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	TOTAL AMOUNT DUE		\$ <u>0</u> <u>67.50</u>

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

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

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH 12/27

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.

 (Name) (Address: City/State/ Zip) (Telephone)
 What is the total amount of customer deposits collected?
 Amount: \$ NONE for 19_____
 What is the total amount of bond held (if applicable)?
 Amount: \$ 0 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.

John A. Clumbi
 (Signature of Company Official)

V.P.
 (Title) 11/16/02
 (Date)

John C. Heubel
 (Preparer of Form - Please Print Name)

Telephone Number (305) 944-8383 Fax Number (305) 947-9050
 F.E.I. No. 65-0826000 DOCUMENT NUMBER-DATE

13002 NOV 26 02