

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2002

Interexchange Company Regulatory Assessment Fee Return

CK Amt \$568.50  
Pymt included  
\$500.00 Fine

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler  
PCA

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

DEPOSIT DATE

TJ584-01-0-R **D289** JAN 14 2003  
Calpoint (Florida), LLC  
11755 Wilshire Blvd., Suite 1450  
Los Angeles, CA 90025-1538

FOR PSC USE ONLY

Check# 002118

\$ 50.00 0603001

\$ 12.50 P 003001

\$ 6.00 0603001

004011

Postmark Date 1/9/03

Initials of Preparer MC

PERIOD COVERED:  
12/11/2001 TO 12/31/2001

cc: P. Isler Docket 021160-T1

Please Complete Below if Official Mailing Address Has Changed

Calpoint (Florida) LLC 1101 Cloverfield Blvd. #3005 Santa Monica, CA 90404  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>0</u>	\$ <u>0</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	\$ <u>0</u>	\$ <u>0</u>
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )	( )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>0</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		\$ <u>50.00</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>6.00</u>	
12.	TOTAL AMOUNT DUE	<u>500.00</u> fine	\$ <u>568.50</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

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: \$ \_\_\_\_\_ 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: Level 3 Communication  
 Address: 1025 El Dorado Blvd., Broomfield, CO 80021

ALLS \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CM1 \_\_\_\_\_  
 CP1 \_\_\_\_\_  
 CTR \_\_\_\_\_  
 FOR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 OPC \_\_\_\_\_  
 NMS (Preparer of Form - Please Print Name) \_\_\_\_\_  
 SEC \_\_\_\_\_  
 PTH \_\_\_\_\_

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

Jean Isler SRVP & Gen Counsel 1/9/03  
(Signature of Company Official) (Title) (Date)

Telephone Number (310) 566-1900 Fax Number (310) 566-1901  
 F.E.I. No \_\_\_\_\_

DOCUMENT # \_\_\_\_\_  
 00403 JAN 13 2003  
 FPSC-COMMISSION CLERK

# Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*N. Grant  
P. Isler  
CCA*

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ584-02-0-R  
 Calpoint (Florida), LLC  
 11755 Wilshire Blvd., Suite 1450  
 Los Angeles, CA 90025-1538

**DEPOSIT DATE**  
**D289M JAN 14 2003**

**FOR PSC USE ONLY**  
 Check# 002451  
 \$ 50.00 0603001  
 003001  
 \$ \_\_\_\_\_ P 0603001  
 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date 1/9/03  
 Initials of Preparer MC

PERIOD COVERED:  
 01/01/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

Calpoint (Florida), LLC 1101 Cloverfield Blvd., #3005 Santa Monica, CA 90404  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>0</u>	\$ <u>0</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	\$ <u>0</u>	\$ <u>0</u>
6.	<b>TOTAL Telephone Services</b>	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )	( )
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>		\$ <u>0</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		\$ <u>50.00</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)	\$ <u>0</u>	
12.	<b>TOTAL AMOUNT DUE</b>		\$ <u>50.00</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

### 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: \$ \_\_\_\_\_ 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: Level 3 Communication  
 Address: 1025 El Dorado Blvd., Broomfield, CO 80021

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) Gen Counsel (Title) 1/9/03 (Date)  
Nara Hofman  
 (Preparer of Form - Please Print Name) Telephone Number 310 566-1900 Fax Number 310 566-1901  
 F.E.I No. 95-4873600