TO AVOID PENALT AND INTEREST CHARGES, THE INTERST CHARGES, THE INTEREST CHARGES, THE INTEREST CHARGES, THE INTERST CH	Florida Public Servic (See Filing Instructions of TI724 - 02 - 0- A ATC Long Distance 325 John Knox Road, Suite Tallahassee, FL 32303-413	ory Assessment Fee Return See $TE/65+TE644$ the Commission in Back of Form) 105 0 30054-712 1 DATE 1 17 2003	$\frac{CK}{FOR PSC USE ONLY} \\ FOR PSC USE ONLY \\ Check# 10036.18/89 \\ $ 50.00 0603001 \\ $ 003001 \\ $ 003001 \\ $ 004011 \\ $ 1 Postmark Date 1/19/03 \\ Initials of Preparer MC \\ $ 100000000000000000000000000000000000$
(Name of Company)	(Address)	(City/State)	(Zip)
LINE NO. ACCOUNT CLASSIFICATION		FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
AUS Long Distance Services		\$ 00.00	\$ 00.00
CIMP 3 Private Line Services COM 4. Leased Facilities & Circuits Ser CTR 5. Miscellaneous Services	vices		
ECR 6. TOTAL Telephone Services OPD 7. LESS: Amounts Paid to Other Telecommunications Companies* MMS 8. TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 00.00	\$ 00.00
		(00.00)	(00.00)
SEC 9.1. Regulatory Assessment Fee Due	SEC 9.1. Regulatory Assessment Fee Due (Multiply Line 8 by 0 0015)		50.00
OTH 10 Multicenalty for Late Payment (see "3. Failure to File by Duc Date" on back) 11. Interest for Late Payment (see "3. Failure to File by Duc Date" on back)		00.00	
12. TOTAL AMOUNT DUE			\$ 50.00

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

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

	CURRENT COMPA	NY STATUS		
() Facilities-Based Carrier (() Alternate-Operator Service () Reseller) Rebiller	() Call Aggregat	lor	,
	BILLING INFO	RMATION		
Complete below if billing agent if other than you	urself.			
			· ()
(Name)	(Address City/Sta	te/Zip)	\ \ \ \	(Telephone)
What is the total amount of customer deposits of Amount: \$for				int of bond held (if applicabl Expires:
	COMPANY INFO	RMATION		
Do you lease telecommunications' facilities? If YES, who do you least these facilities from?	() YES () NO Name:	•		
Address:				
I, the undersigned owner/officei of the ab- correct statement 1 am aware that pursuant to Section performance of his/her duty shall be guilty of a misden WMMissa A. Burris	we-named company, have read the foregoing 837 06, Florida Statutes, whoever knowingly	and declare that to the be	est of my knowledge and	belief the above information is a to mislead a public servant in the
(Signature of Company Official)	DOCUMENT NI MOTO - TH	(c)		(Date)
Melissa A. Burris (Preparer of Form - Please Print Name))	Telephone Number		Fax Number	770-284-5533
PSC/CMU-153 (Rev 11/11/99)		ν ο	<u> </u>	



Law & Public Policy 6 Concourse Parkway, Suite 3200 Atlanta, GA 30328

January 14, 2003

Jackie Knight Division of Administration Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399

Dear Jackie,

Attached please find the Regulatory Assessment Fee Reports and Fees for some of the subsidiaries of WorldCom, Inc. holding certificates in Florida. Extensions have been granted for the remaining companies and will be sent shortly.

At this time, we would like to request that TI724: ATC Long Distance - Interexchange Company, be cancelled. The Regulatory Assessment Fee and Fee Return are enclosed for 2002.

Thank you in advance for your attention to these matters. If you need any additional information, please feel free to contact me at 888-605-0469.

Sincerely,

Melissa A. Burris

Melissa A. Burris Staff Specialist

cc: Donna McNulty, Esq.