

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)

TJ067-02-0-R
 Telcom.Net, Inc. *030000-PA*
 17701 Biscayne Blvd., 3rd Floor
 Aventura, FL 33160-4813
DEPOSIT **DATE**
D291 **JAN 22 2003**

FOR PSC USE ONLY
 Check# 3752
 \$ 50.00 0603001
 003001
 \$ _____ 0603001
 004011
 \$ _____
 Postmark Date 1/15/03
 Initials of Preparer MC

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

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 <i>FOREIGN Sales</i>	\$ 1,205,363. ⁷⁵	\$ ϕ
2	Access Services		
3	Private Line Services		
4	Leased Facilities & Circuits Services		
5	Miscellaneous Services		
6	TOTAL Telephone Services	\$ 1,205,363. ⁷⁵	\$ ϕ
7	LESS Amounts Paid to Other Telecommunications Companies* (see "2 Fees" on back)		
8	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 50. ⁰⁰
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		\$ 50. ⁰⁰

DISCONTINUE SEGMENT 00/15/01

* 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 () 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 () 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.

MAGDY NOGUERA (Signature of Company Officer) **Controller** (Title) 01/15/03 (Date)
 Telephone Number 305, 931-2270 Fax Number (305) 931 1566
 (Preparer of Form - Please Print Name) MAGDY NOGUERA FEI No 65-0790057