

021200-TP

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*T. Williams-CMP
CEA*

DEPOSIT DATE
 T1145-01-0-R **D2 92** JAN 23 2003
 Vantas Management Virginia, Inc.
 % HQ Global Workplaces - Tax Dept.
 1117 Perimeter Center West, Suite 500E
 Atlanta, GA 30338-5446

FOR PSC USE ONLY
 Check# 627940
 \$ 50.00 0603001
 \$ 12.50 003001 P
 \$ 6.00 0603001
 004011 I
 Postmark Date 1/17/03
 Initials of Preparer MC

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

C/o HQ Global Workplaces -

Please Complete Below If Official Mailing Address Has Changed

Tax Dept. 12600 Deerfield Parkway, Ste 100 Alpharetta, GA 30004
 (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	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
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)	(_____)	(_____)
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>68.50</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.
 AUS _____
 CAF _____
 CMP _____
 COM _____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC _____
 OTH _____
 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: Nonnye
Hong

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.

Mane Mc Coy
 (Signature of Company Official)

Director of Tax 1-10-03
 (Title) (Date)

(Preparer of Form - Please Print Name)

Telephone Number () _____ DOCUMENT # _____ DATE _____
 F.E.I. No _____ 00709 JAN 23 03

