

021200-TP

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2003

ORIGINAL

Shared-Tenant Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*T. Williams-Cmp
CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TS128-02-0-R
 Vantas Management Virginia, Inc.
 % Tax Department
 12600 Deerfield Parkway, Suite 100
 Alpharetta, GA 30004-6139

FOR PSC USE ONLY
 Check# 627938
 \$ 50.00 0603003
 003001
 \$ _____ P 0603003
 004011
 \$ _____
 Postmark Date 1/17/03
 Initials of Preparer MC

PERIOD COVERED:

01/01/2002 TO 12/31/2002

DEPOSIT DATE

D2924 JAN 23 2003

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE

NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Intrastate Operating Revenue	\$ 0
2.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	
3.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 1 less Line 2)	0
4.	Regulatory Assessment Fee Due (Multiply Line 3 by 0.0015)	50.00
5.	Penalty For Late Payment (see "3. Failure to File by Due Date" on back)	
6.	Interest For Late Payment (see "3. Failure to File by Due Date" on back)	
7.	TOTAL AMOUNT DUE	\$ 50.00

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

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

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 official duty shall be guilty of a misdemeanor of the second degree.

AUS [Signature]
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC _____
OTH _____

(Signature of Company Official)

Director of Tax
(Title)

1-10-03
(Date)

Telephone Number () Tax Number ()

F.E.I. No. _____

DOCUMENT NUMBER - DATE

00711 JAN 23 8
Page 001

FPSC-COMMISSION CLERK

Received 01-10-2003 11:23 From-FPSC

To-

Noname Hong

