

Alternative Access Vendor Regulatory Assessment Fee Return

*BUSINESS CLOSED 7/31/02*

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
CEA*

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

TA042-02-0-R  
Atlantic Telecommunication Systems, Inc.  
5849 Okeechobee Blvd., Suite 201  
West Palm Beach, FL 33411-5252

**ORIGINAL**

**DEPOSIT**

**DATE**  
FEB 03 2003

*030000-fu*

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

FOR PSC USE ONLY	
Check# <i>2742</i>	
\$ <i>50.00</i>	0603005 003001
\$ _____	P 0603005 004011
\$ _____	
Postmark Date <i>1/27/03</i>	
Initials of Preparer <i>MC</i>	

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO	WIDE AREA TOLL SERVICE	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Special Access Services	\$ <u>0</u>	\$ <u>0</u>
2.	Private Line Services	_____	_____
3.	Leased Facilities & Circuits Services	_____	_____
4.	Miscellaneous Services	_____	_____
AUS	<del>TOTAL REVENUES</del>		\$ <u>0</u>
CAF			
OMP	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
COM			
CTR	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		
ECR	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0015)		
GCL			
OPC	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
MMS			
SEC	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
OTH			
11.	TOTAL AMOUNT DUE		\$ <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

COMPANY INFORMATION

Do you lease telecommunications' facilities? ( ) YES (X) 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 official duty shall be guilty of a misdemeanor of the second degree.

*[Signature]*  
\_\_\_\_\_  
(Signature of Company Official)  
*Jerold Stabler*  
\_\_\_\_\_  
(Preparer of Form - Please Print Name)

*President*  
\_\_\_\_\_  
(Title)  
Telephone Number *561-471-1864* Fax Number *561-471-1720*  
\_\_\_\_\_  
F.E.I. No. *59-2659610*  
\_\_\_\_\_  
*1/28/03*  
\_\_\_\_\_  
(Date)

DOCUMENT NUMBER-DATE

01034 FEB-3 8

FPSC-01-00011 CLERK