

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

030529-TI

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
CCA
N. Grant

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ446-02-0-R
 Net Communications Corp.
 P. O. Box 82656
 San Diego, CA 92138-2656

ORIGINAL

D342 APR 24 2003

FOR PSC USE ONLY

Check# 1269

\$ 50.00 0603001
003001

\$ _____ P 0603001
004011

Postmark Date 4/22/03

Initials of Preparer MC

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

Please Complete Below If Official Mailing Address Has Changed

NET COMMUNICATIONS CORP. 700 WILSHIRE BLVD #520 LOS ANGELES, CA 90017

(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	\$ <u>0</u>	\$ <u>0</u>
3.	Private Line Services	\$ <u>0</u>	\$ <u>0</u>
4.	Leased Facilities & Circuits Services	\$ <u>0</u>	\$ <u>0</u>
5.	Miscellaneous Services	\$ <u>0</u>	\$ <u>0</u>
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>0</u>)	(<u>0</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	\$ <u>0</u>	\$ <u>0</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>0</u>	\$ <u>0</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>0</u>	\$ <u>0</u>
12.	TOTAL AMOUNT DUE		\$ <u>50</u>

AUS _____
 CAF _____
 CMP Isler
 COM _____
 CTR _____
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 GCL _____
 OPC _____
 MMS _____
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 OTH NONNYE
Hong
Done 4/25

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

CURRENT COMPANY STATUS

- () Facilities-Based Carrier
- () Alternate-Operator Service
- Reseller
- () Rebiller
- () Call Aggregator
- () 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.

[Signature] (Signature of Company Official) PRESIDENT (Title) 4/22/03 (Date)

FRANK LEE (Preparer of Form - Please Print Name) Telephone Number 213 623-8899 Fax Number 213 623-9988

F.E.I. No. 52114243

DOCUMENT NO.
03773-03
4.24.03

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004

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*P. J. Isker
CEA
N. Grant*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ446-03-0-R
 Net Communications Corp.
 P. O. Box 82656
 San Diego, CA 92138-2656

DS 42

APR 24 2003

PERIOD COVERED:
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Check# 1250
 \$ 50.00 0603001
 003001
 \$ _____ P 0603001
 004011
 \$ _____ I
 Postmark Date 4/22/03
 Initials of Preparer mc

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		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1	Long Distance Services	\$ <u>0</u>	\$ <u>0</u>
2	Access Services	<u>0</u>	<u>0</u>
3	Private Line Services	<u>0</u>	<u>0</u>
4	Leased Facilities & Circuits Services	<u>0</u>	<u>0</u>
5	Miscellaneous Services	<u>0</u>	<u>0</u>
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
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8	TOTAL REVENUES For Regulatory Assessment Fee Calculation	<u>0</u>	<u>0</u>
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12.	TOTAL AMOUNT DUE		\$ <u>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

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- Facilities-Based Carrier
- Reseller
- Alternate Operator Service
- Rebiller
- Call Aggregator
- Other: _____

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 (Name) (Address, City/State/Zip) (Telephone)
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 Amount: \$ _____ for 19 _____
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FL PRESIDENT 4/22/03
 (Signature of Company Official) (Title) (Date)
FRANK LEE Telephone Number 213 683 8809 Fax Number 213 683 9988
 (Preparer of Form - Please Print Name)
 F.E.I. No. 522114243



700 Wilshire Blvd., Suite 520 Los Angeles, CA 90017
Phone (213) 683-8899 Fax (213) 683-9988

April 21, 2003

Florida Public Service Commission
Attn: Blanca Bayo
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RE: Assessment Fees
Termination or Cancellation Of Interxchange Authority

Dear Ms. Bayo:

I would like to terminate my company's Interxchange Authority Certificate for the State of Florida. We have no customers nor are we in operation in the State of Florida. I have enclosed a check to cover all Assessment Fees due to bring it current. I would like this termination to be effective immediately on the above date.

If further information is needed please feel free to contact me directly at (213) 683-8899 x 115. Thank you for your anticipated acknowledgement of this formal termination notice.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Lee". The signature is stylized and cursive.

Frank Lee
President