

030000

# Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:  
 Actual Return  
 Estimated Return  
 Amended Return

*P. Isler  
CCA*

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

**ORIGINAL**

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

TX593-02-0-R  
 HTG Services, L.L.C.  
 Penthouse Suite  
 3225 Aviation Avenue  
 Coconut Grove, FL 33133-4741  
 CC: P. Isler

FOR PSC USE ONLY	
Check#	40422
\$	50.00
\$	7.50
\$	.23
Postmark Date	4/17/03
Initials of Preparer	MC

DS 42

APR 24 2003

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.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**	0	0
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 50.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ 7.50	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ 0.23	
13.	TOTAL AMOUNT DUE		\$ 57.73

\* These amounts must be intrastate only and must be verifiable.  
 \*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

AGG  
 DAF  
 ( ) Facilities-Based Provider  
 DCM  
 ECR  
 FPO  
 AMS  
 FPO  
 YH

CURRENT COMPANY STATUS  
 Reseller  
 Other: \_\_\_\_\_

BILLING INFORMATION  
 Complete below if billing agent if other than yourself.  
 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION  
 Do you lease telecommunications' facilities? ( ) YES ( ) NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

DOCUMENT NO.  
 03774-03  
 4/24/03

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.

*Kenneth G. Cassel* (Signature of Company Official) (Title) 4/17/03 (Date)  
 Kenneth G. Cassel (Preparer of Form - Please Print Name)  
 Telephone Number 305 860-8188 Fax Number (305) 860-8196  
 F.E.I. No. 65-1114317