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

ORIGINAL

Alternative Local Exchange Company Regulatory Assessment Fee Return

P. Isler 2000 P&I, 2001 P&I and 2002 RAF & P&I

STATUS: CCA

X Actual Return
____ Estimated Return
____ Amended Return

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

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

TX503-02-0-R
Suntel Metro, Inc.
P. O. Box 781119
Orlando, FL 32878-1119

D345 MAY 02 2003

FOR PSC USE ONLY
Check# 12363
$ 50.00 0603006 003001
$ 20.00 P 0603006 004011
$ 4.00 I
Postmark Date 4/29/03
Initials of Preparer MC

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	$	$
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services	39,472	19,476
6.	Miscellaneous Services		
7.	TOTAL REVENUES		$ 19,476
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		12,621
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		1,855
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		2.78
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0.55	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0.11	
13.	**TOTAL AMOUNT DUE**		$ 3.44

AUS CAF CMP COM CTR EGR GCL OPC MMS SEC 1 OTH

* 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

CURRENT COMPANY STATUS

( ) Facilities-Based Provider
(X) 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 (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/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) President (Title) 4/29/03 (Date)

RICHARD KIRKWOOD
(Preparer of Form - Please Print Name)

Telephone Number (407) 872-0470 Fax Number (407) 872-0547

F.E.I. No 59-3550100

FILED & RECORDED 2003 MAY -1 PM 4:00 FPSC-COMMISSION CLERK

PSC/CMU-7 (Rev 11/11/99)