

Alternative Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL

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

STATUS:

- Actual Return
 Estimated Return
 Amended Return

*N. Grant
P. Isler
CLA*

PERIOD COVERED:
09/26/2002 TO 12/31/2002

TX680-02-0-R 030000-Pu
 THC Internet Solutions
 444 Brickell Avenue, Suite 504
 Miami, FL 33131-2405
 CC: P. Isler

FOR PSC USE ONLY
 Check# 1098
 \$ 56.50 0603006
 \$ 10.00 003001
 \$ 2.00 P 0603006
 004011
 Postmark Date 5/3/03
 Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

444 Brickell Avenue, Suite 335
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>0</u>	\$ <u>0</u>
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		
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)	<u>12.50</u>	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>6.00</u>	
13.	TOTAL AMOUNT DUE		\$ <u>68.50</u> orig - Hong

* 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
 Reseller
 Other: _____

BILLING INFORMATION
 Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip)

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 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 public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

[Signature] CEO (Title) 5/02 (Date)
 Telephone Number 212 781 4000 Fax Number 212 781 4036
 Preparer of Form - Please Print Name
 F.E.I. No. 11-355-7543

DOCUMENT NUMBER - DATE
 1010 MAY 7 2003
 PSC-COMMISSION CLERK