

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

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

STATUS:
 Actual Return
 Estimated Return
 Amended Return

*P. Isler
CCA*

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

TI427-02-0-R
 New Century Telecom, Inc. *030000-PU*
 8180 Greensboro Drive, Suite 700...
 McLean, VA 22102-3862
DS 46 **MAY 07 2003**

FOR PSC USE ONLY
 Check# 4970
 \$ 50.00 0603001
 003001
 \$ _____ P 0603001
 004011
 \$ _____ I
 Postmark Date 5/2/03
 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.	Long Distance Services	\$ <u>402.54</u>	\$ <u>250.70</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>402.54</u>	\$ <u>250.70</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		<u>250.70</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		<u>.37</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>.09</u>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>.01</u>	
12.	TOTAL AMOUNT DUE		\$ <u>.47</u>

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

* These amounts must be intrastate only and must be verifiable.

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

CURRENT COMPANY STATUS

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

Deborah Schmeider (Signature of Company Official) *Treasurer* (Title) 1/8/03 (Date)

(Preparer of Form - Please Print Name) Telephone Number 703 716 0123 Fax Number 703 716 3534

F.E.I. No 54-176550 78