

ORIGINAL

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

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
CCA*

TJ574-02-0-R
 Telegenius, Inc.
 2901 Ridgelake Drive, Suite 209
 Metairie, LA 70002-4934
 CC: P. Isler *030000 Pu*

FOR PSC USE ONLY	
Check#	<u>14085</u>
\$	<u>50.00</u> 0603001
\$	<u>10.00</u> P 003001
\$	<u>2.50</u> 0603001
	004011
Postmark Date	<u>5/1/03</u>
Initials of Preparer	<u>MC</u>

PERIOD COVERED:

01/01/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

D348

MAY 09 2003

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>213,870.50</u>	\$ <u>2,138.71</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>213,870.50</u>	\$ <u>2,138.71</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		<u>2,138.71</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		<u>50.00</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>10.00</u>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.00</u>	
12.	TOTAL AMOUNT DUE		\$ <u>62.00</u>

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 7
- OTH _____

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

CURRENT COMPANY STATUS

() Facilities-Based Carrier (X) 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: \$ 0 for 19 _____

What is the total amount of bond held (if applicable)?
 Amount: \$ 0 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.

Kellie S. [Signature]
 (Signature of Company Official)

Asst Secretary
 (Title) 4/29/03
 (Date)

Ellen Ann G. Sands
 (Preparer of Form - Please Print Name)

Telephone Number (504) 832-1984 Fax Number (504) 831-0892

F.E.I. No. _____ DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK