

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
PCA*

PERIOD COVERED:

01/01/2002 TO 12/31/2002

TI001-02-0-R
 Operator Assistance Network
 9255 Cobin Avenue
 Northridge, CA 91324
DEPOSIT DATE
 CC: P. Isler 0350 MAY 20 2003

030000 - P

FOR PSC USE ONLY
 Check# 00003462
 \$ 50.00 0603001
 \$ 10.00 P 003001
 \$ 2.00 I 0603001
 004011
 Postmark Date 5/16/03
 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	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>0.00</u>	\$ <u>0.00</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>10.00</u>	<u>50.00</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
COR
CPL
DPS
IMS
SEC
OTH

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

CURRENT COMPANY STATUS

- Facilities-Based Carrier
 - Reseller
 - Alternate-Operator Service
 - Rebiller
 - Call Aggregator
 - Other: Billing Clearinghouse
- for long distance telecommunication companies

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 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.

Debra Johnston
 (Signature of Company Official)

Debra Johnston
 (Preparer of Form - Please Print Name)

Vice President, Controller 5-16-03
 (Title) (Date)

Telephone Number (818-678-4626 Fax Number 818-678-4781

F.E.I. No. 75-1764471

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