

Interexchange Company Regulatory Assessment Fee Return

STATUS: *P. Isler*
CCA

Actual Return
 Estimated Return
 Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ702-02-0-R
Litestream Technologies, LLC *030000*
9155 South Dadeland Blvd., Suite 1502
Miami, FL 33156-2740 **DEPOSIT DATE**
CC: P. Isler 350 MAY 20 2003

FOR PSC USE ONLY
Check# 2566
\$ 50.00 0603001
003001
\$ 2.50 P. 0603001
004011
Postmark Date 5/16/03
Initials of Preparer MC

PERIOD COVERED:
11/12/2002 TO 12/31/2002

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>1582.31</u>	\$ _____
2.	Access Services	<u>15.39</u>	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	<u>106.72</u>	_____
6.	TOTAL Telephone Services	\$ <u>1704.42</u>	\$ _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>N/A</u>)	(_____)
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>2.56</u>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.50</u>	
12.	TOTAL AMOUNT DUE		\$ <u>52.50</u>

* 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 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] Director of Regulatory 5/7/03
(Signature of Company Official) (Title) (Date)
Michael A. Hughes, Controller
(Preparer of Form - Please Print Name) Telephone Number 833 375-3434 Fax Number 833 375-3438
F.E.I. No. 65-1119034

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