

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*

TJ375-02-0-R  
 MultiPhone Latin America, Inc. *030000-Pu*  
 2201 N.W. 102nd Place, Unit 3  
 Miami, FL 33172-2599  
**DEPOSIT DATE**  
**D 354 JUN 04 2003**

**FOR PSC USE ONLY**  
 Check# 201189  
 \$ 50.00 0603001  
 \$ 10.00 P 003001  
 0603001  
 \$ 2.00 I 004011  
 Postmark Date 5/30/03  
 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	\$ 8,398,652	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	<b>TOTAL Telephone Services</b>	\$ 8,398,652	\$ 0
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(5,461,792)	0
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>		0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		50
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	10	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2	
12.	<b>TOTAL AMOUNT DUE</b>		\$ 62

- AUS
- CAF
- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMS
- SEC
- 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
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- Other

BILLING INFORMATION

Complete below if billing agent is 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]* (Signature of Company Official) C.E.O. (Title) 05-28-03 (Date)

JULIO E. GARCIA (Preparer of Form - Please Print Name) Telephone Number (305) 357-9402 Fax Number (305) 436-8990

F.E.I No 65-097238 DOCUMENT NUMBER-DATE

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