

Alternative Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

- \_\_\_\_\_ Actual Return
- \_\_\_\_\_ Estimated Return
- \_\_\_\_\_ Amended Return

PERIOD COVERED:  
01/30/2002 TO 12/31/2002

*P. Isler  
CCA*

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

TX621-02-0-R **D 354 JUN 04 2003**  
 TotalCom America Corporation  
 9th Floor  
 111 N.E. First Street, Suite 9000  
 Miami, FL 33132-2517  
 cc: P. Isler 030000-PU

**FOR PSC USE ONLY**  
 Check# 2128  
 \$ 50.00 0603006  
 \$ 10.00 P 003001  
 \$ 2.00 0603006  
 004011  
 Postmark Date 5/29/03  
 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.	Basic Local Services	\$ <u>22,606.60</u>	\$ <u>—</u>
2.	Long Distance Services (IntraLATA only)**	<u>—</u>	<u>—</u>
3.	Access Services	<u>—</u>	<u>—</u>
4.	Private Line Services	<u>—</u>	<u>—</u>
5.	Leased Facilities & Circuits Services	<u>—</u>	<u>—</u>
6.	Miscellaneous Services	<u>18,000.00</u>	<u>—</u>
7.	TOTAL REVENUES		\$ <u>410,606.60</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		<u>25,752.71</u>
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		<u>14,853.89</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		<u>22.28</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>4,46 (10.00)</u>	<u>50.00</u>
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>.88 (2.00)</u>	
13.	TOTAL AMOUNT DUE		\$ <u>27,636.20</u>

\* These amounts must be intrastate only and must be verifiable.  
 \*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC T
- OTH \_\_\_\_\_

CURRENT COMPANY STATUS  
 Facilities-Based Provider  
 Reseller  
 Other: \_\_\_\_\_

BILLING INFORMATION  
 Complete below if billing agent if other than yourself.  
 \_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

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 of Company Official) Administrator (Title) 5-16-03 (Date)  
 Telephone Number (305) 572-3100 Fax Number (305) 372-9100  
 (Preparer of Form - Please Print Name) F.E.I. No. 04947 JUN -4 8

FPSC-COMMISSION CLERK