TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT RE	RIGINALO: BEFORE 01/30/200	630576-TP
Interexchange Company	Regulatory Assessment Fee I	Return Amt \$345.00
STATUS: N. Grant Florida Public (See Filing Instr	Service Commission 7X367	Checky 77.
STATUS: Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2002 TO 12/31/2002 Florida Public (See Filing Instr. TJ305-02-0-R Meridian Telecom, In P. O. Box 423247 Kissimmee, FL 3474 CC: P. J.S.	12-3247 0 JUN 2 7 2003	\$ 50.00 0503001 \$ 12.50 P0503001 004011 \$ 0503001 004011 Postmark Date 6 23 03 Initials of Preparer 2000
1	If Official Mailing Address Has Changed 700476 (Address)	(City/State) (Zip)
LINE NO. ACCOUNT CLASSIFICATION 1. Long Distance Services	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits Services 5. Miscalianeous Services 6. TOTAL Telephone Services 7. LESS: Amounts Paid to Other Telecommunications Companies (see "2, Fees" on back) 8. TOTAL REVENUES For Regulatory Assessment Fee Calculating Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) 10. Penalty for Late Payment (see "3, Failure to File by Due Date" of Interest for Late Payment (see "3, Failure to File by Due Date" of TOTAL AMOUNT DUE These amounts must be intrastate only and must be verifiable.	on back)	AUS CAF CMP COMP COM CTR ECR GCL OPC MMS
AS PROVIDED IN SECTION 364.336, FLO	ORIDA STATUTES.	SEC OTH
CURRE () Facilities-Based Carrier () Reseller () Alternate-Operator Service () Rebiller	NT COMPANY STATUS () Call Aggregator () Other:	No.
BILL Complete below if billing agent if other than yourself.	LING INFORMATION	
(Name) What is the total amount of customer deposits collected? Amount: 5 for 19		(Telephone) otal amount of bond held (if applicable)? Expires:
COMI Do you lease telecommunications' facilities? () YES () NO If YES, who do you lease these facilities from? Name:	PANY INFORMATION	
Address:		
I, the undersigned owner/officer of the above-named company, have read true and correct statement. I am aware that pursuant to Section 837.06, Flori public servant in the performance of his/her puty shall be guilty of a misdem	ida Statutes, whoever knowingly makes a false staten	owledge and belief the above information is a ment in writing with the intent to mislesd a
(Signature of Company Official)	hos det	6/24/03 (Date)
(Preparer of Form - Please Print Name)	Telephone Number (43), 871-735 F.E.I. No. 59-3417035	Fax Number (4)7 871-8472

DOCUMENT HOMES DITT

O AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT	ient fee return must be filed on or before 01/30/2 vany Regulatory Assessment Fee	
Interexchange Comp	sally Regulatory Assessment For	CK Am + #345.00
STATUS: P. I. S. C. S. C. P. I. S. C. C. C. D. D. D. C. D. D. D. C. D.	ublic Service Commission 7×36	FOR PSC USE ONLY Check# /// 2
STATUS: (See File	ling Instructions on Bock of Form)	7 5000
Actual Kelum /(/' 13303-03-0-R'	DEPOSIT DATE	\$
Estimated Return Meridian Teleco	m, Inc.	\$P
P. O. Box 42324	17 34742 1324 0 JUN 2 7 2003	004011
PERIOD COVERED: Kissimmee, FL	3474213247	15-1222
01/01/2003 TO 12/31/2003	— ,	Postmark Date <u>6/23/53</u>
CC. P.	Isler	Initials of Preparer
	Below If Official Mailing Address Has Changed	
MERIDIAN TELEGO, In 1.0. BO	0 x 700426 ST. (Address)	Clar FL 34770 (Cip/State) (Zip)
(Name of Company)	(Address)	(City/State) (Zip)
	FLORIDA	
LINE NO. ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1. Long Distance Services	\$	s
Access Services Private Line Services		
4. Leased Facilities & Circuits Services 5. Miscellaneous Services		
6. TOTAL Telephone Services	s	s O
 LESS: Amounts Paid to Other Telecommunications Cor 	mpunies*	(
(see "2. Fees" on back) 8. TOTAL REVENUES For Regulatory Assessment Fee C	alculation	
9. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0 10. Penalty for Late Payment (see "3. Failure to File by Due	Date" on back)	<u> </u>
11. Interest for Late Payment (see "3. Failure to File by Due 12 TOTAL AMOUNT DUE	Date" on back)	5 50.00
* These amounts must be intrastate only and must be verifiable	le.	
AS PROVIDED IN SECTION 364.33	6, FLORIDA STATUTES, THE MINIMUM A	NNUAL FEE IS \$50
	·	
C	URRENT COMPANY STATUS	
() Fuculities-Based Carrier () Reseller () Alternate-Operator Service () Rebiller	() Call Aggregator () Other:	
() Alternate-Operator Service () Rebiller	() Ontai	
	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?	What is t	he total amount of bond held (if applicable)?
Amount: \$ for 19	truomA	SExpires:
	COMPANY INFORMATION	
Do you lease telecommunications' facilities? () YES () NO If YES, who do you lease these facilities from? Name:		
•		
Address:		***************************************
t the understand owner/officer of the shove-named commany. It	ave 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 837.0 public seasont in the performance of his/her surv shall be guilty of a r	16. Florida Statutes, whoever knowingly makes a false st	alement in writing with the intent to mislead a
DINIS TO	PRESIDENT	6/24/03
A (Signature of Company Official)	(Title)	(Date)
AN Berliess	Telephone Number (107) 291-7	055 Fax Number (407) 891-8472
(Preparer of Form - Please Print Name)	59-3417A	35
•	1.E.I NO	

PSC/CMU-153 (Rev. 11/11/99)

		2002	J 2003 Pymt	M3 -	
TO AVOID I	PENALTY AND INTEREST CHARGES Pav Tele	phone Service Provider Re	TOOL BELLICED ON ON DE OND AND AND A	Fee Return	40/1-
	•	•	ee TJ305+TX3		7345.00
	s: N.Grant	Florida Public Service		FOR PSC US	E ONLY
STATU	S: N. ISK	(See Filing Instructions of a		Check#	Tanada and a second
	Actual Return	TG525-02-0-R		s 100,00	0603002
	Estimated Return	Meridian Telecom, Inc. 7	60 JUN 27 2003	12.50	003001 P
	_ Amended Return	P. O. Box 423247	00 3011 ~ 1 2000	क्षान्य हुन्द्रम्	0603002
		Kissimmee, FL 34742-3247		5 2.50	J
	D COVERED: 2002 TO 12/31/2002			Postmark Date 6/	2363
	2002/012/11/2003	CC: P. Isler		Initials of Preparer	
ויייןיט	, , , , , , , , , , , , , , , , , , , ,	Please Complete Below If Official !	Mailing Address Has Changed		
MSE	idin Telson, I	P. O. Box 70043	4 STC	Ind. Pl 34	270
	(Name of Company)	(Ac	idrces)	(City/State)	(Zip)
					Page 1
LINE		ACCOUNT CLASSIFICATIO	N	AMO	DUNT
<u>NO.</u> 1.	Gross Operating Rev	,		\$ 6)
2.	Gross Intrastate Rev	•		<u> </u>	
	•		~ · ·	,	
3.	(see "2. Fees" on bac	d to Other Telecommunication k)	s Companies*		
4.	TOTAL REVENUE (Line 2 less Line 3)	ES for Regulatory Assessmen	t Fee Calculation	\$	2
. 5.	Regulatory Assessm	ent Fee Due – (Multiply Line 4	by 0.0015)	<u>ک</u>	0.00
6.	Penalty for Late Pays	ment (see "3. Failure to File by	Due Date" on back)		250
7.	Interest for Late Pays	nent (see "3. Failure to File by	Due Date" on back)	<u></u>	2.50
8.	TOTAL AMOUNT	DUE	•	s_ 65	7.00
				2003 50	<u>. 00</u>
	AS PROVIDEI) IN SECTION 364.336 FLORIDA ST	atutes, the minimum a	NUAL FEE IS \$50	15.00
	THIS FORM MUST BE C	OMPLETED AND RETURNED REG	ARDLESS OF THE AMOUNT	OF REVENUES REPO	RTED
9.	Number of pay telepi by this Return	nones in operation at close of p	period covered	· ·	<u>o</u>
• 7	nounts must be intrastate only and mu	st be verifiable.			
These at	nowns must be miranase only and me	st be verifiable.			
true and co	precistatement. I am aware that i	bove-named company, have read the foregoin sursuant to Section 837.06, Florida Statutes, v iso duty shall be guitty of a misdemeanor of t	whoever knowingly makes a false stat	nowledge and belief the abovement in writing with the inte	e information is a ni to mislead a
	(Signature of Company	•	(Title)	STATE OF THE STATE	(Date)
	Preparer of Form - Please	Print Name)	lephone Number (67) 891-70	are may have drawn account	771.8472

O AVOID PENALTY AND INTEREST CHANGES, THE REGULATORY ASSESSMEN Alternative Local Exchange (it fee return must be filed on or before 01/30/20 Company Regulatory Assessmo	ent Fee Deturn
STATUS: Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2002 TO 12/31/2002 Florida Pub (See Filing TX367-02-0-R Meridian Telecom, P. O. Box 423247 Kissimmee, FL 34 CC: P. I Please Complete Below	lic Service Commission Instructions for Pack of Form Inc. D 3 6 0 JUN 2 7 2003 1742-3247 Sier ow If Official Mailing Address Has Changed	FOR PSC USE ONLY Check# 300006 \$ 50.00 0603006 \$ 12.50 P 0603006 \$ 2.50 004011 Postmark Date 6 23/03 Initials of Preparer 2770
(Name of Company)	760476 S.T.C (Address)	(City/State) (Zip)
LINE NO. ACCOUNT CLASSIFICATION 1. Basic Local Services 2. Long Distance Services (IntraLATA only)** 3. Access Services 4. Private Line Services 5. Leased Facilities & Circuits Services 6. Miscellaneous Services 7. TOTAL REVENUES 8. LESS: Amounts Paid to Other Telecommunications Companie 9. Net Intrastate Operating Revenue for Regulatory Assessment Formula Regulatory Assessment Formula (see *3. Failure to File by Due Date** of the Payment (see *3. Failure to File by Date** of the Payment (see *3. Failure to File by Date** of the Payment (see *3. Failure to File by Date** of the Payment (see *3. Failure to File by Date** of the Payme	ee Calculation (Line 7 less Line 8)	INTRASTATE REVENUE S SO.aa
12. Interest for Late Payment (see "3. Failure to File by Due Date" of 13. TOTAL AMOUNT DUE * These amounts must be intrastate only and must be verifiable. ** Other long distance revenue must be listed on the Interexchange Regul	on back) 2-50	s 65.00
AS PROVIDED IN SECTION 364.336, F	LORIDA STATUTES, THE MINIMUM A	NNUAL FEE IS \$50
() Facilities-Based Provider () F	RENT COMPANY STATUS Reseller Other:	
BI: Complete below if billing agent if other than yourself.	LLING INFORMATION	
(Name)	(Address: City/State/Zip)	(Telephone)
COI	MPANY 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 re true and correct statement. I am aware that pursuant to Section 837.06, Flooublic servant in the performance of his/her duty shall be guilty of a misder than the performance of his/her duty shall be guilty of a misder than the performance of his/her duty shall be guilty of a misder than the performance of Corresponding to the company of the company of the corresponding to the co	pride Statutes, whoever knowingly makes a false stat	ement in writing with the intent to mislead a
MB as theses	Telephone Number (477) 891-201	()
(Preparer of Form - Please Print Name)	F.E.I. No. 59-3417035	

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TO AVOID RENALTY AND INTEREST CHARGES, THE Competitive L	ocal Exchange Comp	any Regulatory As	ssessment F	ee Return #3450
STATUS: No Grant	Florida Public Ser		1	FOR FSC USE ONLY
Estimated Return Amended Return	Meridian Telecom, Inc.	EPOSIT DATE 360 JUN 272	S.	50.00 0603006 003001 P 0603006 004011
PERIOD COVERED: 01/01/2003 TO 12/31/2003	CC: P. Isler		1 1	ostmark Date 6/23/03 nitials of Preparer MC
MEE id in Telecon, I	Please Complete Bolow If Off	ocial Mailing Address Has Cha 100426 (Address)	nged L	(City/State) 34778 (Zip)
LINE NO. ACCOUNT CLASSI 1. Basic Local Services 2. Long Distance Services (IntraLATA 3. Access Services 4. Private Line Services 5. Leased Facilities & Circuits Service 6. Miscellaneous Services	only)**	FLORIDA GROSS OPERATING REVEN S	<u>*UE</u> \$	INTRASTATE REVENUE
 9. Net intrastate Operating Revenue for 10. Regulatory Assessment Fee Due (M 11. Penalty for Late Payment (see "3. F: 12. Interest for Late Payment (see "3. F: 13. TOTAL AMOUNT DUE These amounts must be intrastate only and ** Other long distance revenue must be listed 	itlure to File by Due Date" on back) ulture to File by Due Date" on back) rougt be verifiable.	etion (Line 7 less Line 8)	s	50,000 EFF 15 560
() Facilities-Based Provider		OMPANY STATUS	NOM ANNOAL	PEE IS 350
Complete below if billing agent if other than yo		INFORMATION		
(Name)		(Address: City/State/Zip)		(Telephone)
	COMPAN	/ INFORMATION		
Do you lease telecommunications' facilities? If YES, who do you lease these facilities from? Address:	• • • • • • • • • • • • • • • • • • • •			
), the undersigned owner/officer of the abo	suant to Section 837.06, Florida Stat	utes, whoever knowingly makes	est of my knowledge a false statement in	and belief the above information is a writing with the intent to mislead a
public servant in the performance of higher de Company	-	fa. 1. 7	(tle)	6/24/0J
(Preparer of Form - Please I	rint Name)	Telephone Number (107) 89. F.E.I. No. 59 - 341	4705 JFax Num	ber (107) 891-8472



June 24, 2003

Fiscal Section Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

Ref: TX367-02-0-R

Dear Ms. Isler

Please find enclosed the Assessment Fee Return forms for Meridian Telecom, Inc. ALEC, IXC, and Payphone certifications for 2002, 2003, and a check in the amount of \$345.00 for the fees and penalties that we owe.

Meridian Telecom, Inc. whishes to cancel all our certification with the Florida Public Service Commission effective immediately. Meridian is no longer doing business and has no customers.

Thank You

Sincerely

Richard M. Brothers

President