

Interexchange Company Regulatory Assessment Fee Return

030000-P4

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

STATUS:

- Actual Return
 Estimated Return
 Amended Return

*P. Isler
 CEA*

TJ693-02-0-R
 BullsEye Telecom, Inc.
 25900 Greenfield Road, Suite 330
 Oak Park, MI 48237-1267

DEPOSIT DATE
 D 369 * JUL 29 2003

FOR PSC USE ONLY
 Check# 007752
 \$ 50.00 0603001
 003001
 \$ _____ P _____ 0603001
 004011
 \$ _____
 Postmark Date 7/25/03
 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	\$ _____	\$ _____
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)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ <u>50.00</u>

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- 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 if other than yourself.

MA (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) Vice President-Finance/Treasurer (Title) 07/24/2003 (Date)

(Preparer of Form - Please Print Name)

Telephone Number 248-784-2500 DOCUMENT NUMBER-DATE
 Fax Number (248) 784-2501
 F.E.I No 38-3532242 06812 JUL 29 03