

Interexchange Company Regulatory Assessment Fee Return

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

FOR PSC USE ONLY
 Check# 1162
 \$ 50.00 0603001
 003001
 \$ 12.50 P. 0603001
 004011
 \$ 3.50 I
 Postmark Date 7/31/03
 Initials of Preparer MC

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
 03/22/2002 TO 12/31/2002

TJ610-02-0-R
 Xynergia, Inc. **DEPOSIT DATE**
 7075 N.W. 52nd Street
 Miami, FL 33166-4846 **D 373 AUG 05 2003**
 CC: P. Isler

Please Complete Below If Official Mailing Address Has Changed

XYNORGIA, INC
 (Name of Company)

7065 NW 52nd STREET
 (Address)

MIAMI, FL 33166
 (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE	
1.	Long Distance Services	\$ <u>157 438</u>	\$ <u>0</u>	
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)	<u>12.50</u>	<u>50.00</u>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>3.50</u>		
12.	TOTAL AMOUNT DUE		\$ <u>66.00</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 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.

JUAN M. GOMEZ (Signature of Company Official) CFO (Title) 6/24/03 (Date)
JUAN M. GOMEZ (Preparer of Form - Please Print Name) Telephone Number (305) 776-8749 Fax Number (305) 675-2817
 F.E.I. No. 65-11187012094 AUG-5 03