O AVOID PENALTY AND INTEREST CHARGES, The Lead of the Control of t		sessment fee return must be file ompany Regulatory A		• •	57X
CLE	C	la Public Service Commi	ブレ	FOR PSC USE	ONLY
STATUS:		IA PUDIIC SERVICE COMMI (See Filing Instructions on Back of Form)	ISSION	Check# 5/83	,
Actual Return Estimated Return Amended Return	Backbone Co	Den TX 429-02. communications Inc. cower, Suits 250SIT CA 9007 2222	O-R DATE	\$ 50.00 \$ 12.50	0603001 003001 .P. 0603001 004011
PERIOD COVERED: 01/01/2002 TO 12/31/2002			IG 2 6 2003	Postmark Date 8/	9/03 mc
	Please Comi	plete Below If Official Mailing Add	ress Has Changed		gergraph c
Bookbon Communico (Name of Company)		S.Flowerst #4 (Address)	_	S Angeles, CA (City/State)	(Zip)
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 (see "2. Fees" on back) 8. TOTAL REVENUES For Reg 9. Regulatory Assessment Fee Decently for Late Payment (see 11. Interest for Late Payment (see 12. TOTAL AMOUNT DUE) 9. These amounts must be intrastate on AS PROVIDED (() Facilities-Based Carrier () Alternate-Operator Service	Telecommunication gulatory Assessment I ue (Multiply Line 8 I "3. Failure to File by "3. Failure to File by ly and must be ver O IN SECTION 36 () Reseller () Rebiller	S Companies* Fee Calculation by 0.0015) y Due Date" on back) y Due Date" on back)	ATUS Aggregator	S GL OO S	FINAL TONS- MARINA
(Name) What is the total amount of customer deposition for 19		(Address: City/St	What is th	ne total amount of bond held (if a \$ Expires:	pplicable)?
Do you lease telecommunications' facilities' If YES, who do you lease these facilities fro Address:	YES ()		ION		
I, the undersigned owner/officer of the true and correct statement. I am aware that public servant in the performance of his/her	pursuant to Section	837.06, Florida Statutes, whoever kno	owingly makes a false state.	knowledge and belief the above is stement in writing with the intent to 130 / 200 language	to mislead a
(Signature of Company Official)			(Title)	311	(Date)
(Preparer of Form - Pleas	e Print Name)	Telephone Nur	mber <u>(213) 489.2</u> 95-46633	136 Fax Number (2(3) 48	9-4202
PSC/CMU-153 (Rev. 11/11/99)	,	7.DM 7.0.		07927 AUG 2) 6



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COMMISSION CLERK

August 18, 2003

Ms. Blanca Bayo
Division of the Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RE: Docket #030625-TX

Dear Ms. Bayo:

Our company has experienced an unfortunate incident with an employee who has since been discharged due to dereliction of duty. This employee failed to follow up on a number of regulatory issues including payment of our Florida Regulatory Assessment Fee.

I have taken upon the task of directly managing these issues and can guarantee that all reports and fee payments will be submitted in a timely manner in the future.

I am enclosing the Assessment Fee Return along with a check which covers the fee, late payment and interest fees. We appreciate your attention to this matter and respectfully submit an offer of a \$100 fine as a settlement.

The company agrees to waive any objection to the administrative cancellation of its certificate should it fail to pay in accordance with its settlement offer.

Please feel free to contact me at (213) 489-2156 x246 with any questions or concerns. Your assistance is greatly appreciated and I look forward to your response.

Sincerely,

Lisa Derme General Manager

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