	Interex	change Company	y Regulatory Assessment 1	Fee Return
	PJSI	er	See TX604	
STATUS		Flori	da Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#C
×	Actual Return	TJ388-02-0		s 50.00 0603
	Estimated Return	Telecents Commu		s 2.50 P
	Amended Return		angepositing. DATE	50 ⁰⁶⁰³
PERIOD	COVERED:	Alpharetta, GA 30	on cour se, Suite 250 005	9/4/03
01/01/2	ROUZ TO		0381 SEP 1 0 2003	Postmark Date
	12/31/02	Please Complete Belov	w If Official Mailing Address Has Changed	
			······································	(Circ (Crew)) (77
	(Name of Company)	<u></u>	(Address)	(City/State) (Z
LINE NO.	ለ ሮድረብ ኤም	CLASSIFICATION	FLORIDA GROSS OPERATING REVENU	INTRASTATE REVE
1.	Long Distance Services	CLAININ ICATION	5 11,898.79	s 1,957.13
2. 3.	Access Services Private Line Services			
4. 5.	Leased Facilities & Circuit Miscellaneous Services	is Services		
6.	TOTAL Telephone Servic	209	s 11,898.79	\$_1,957.13
7.	LESS: Amounts Paid to C (see "2. Fees" on back)	Other Telecommunications Com	panies*) (
8. 9.		Regulatory Assessment Fee C e Due (Multiply Line 8 by 0.0		50.00
10. 11.	Penalty for Late Payment	(see "3. Failure to File by Di (see "3. Failure to File by D	ue Date" on back)	<u>2.50</u> 0.50
+ These	e amounts must be <u>intras</u>	tate only and must be veri	flable.	
	AS PROVIDED	IN SECTION 364.336, F	LORIDA STATUTES, THE MINIMUM	I ANNUAL FEE IS \$50
	AS PROVIDED	······································	LORIDA STATUTES, THE MINIMUM	I ANNUAL FEE IS \$50
	ities-Based Carrier	CURR	ENT COMPANY STATUS () Call Aggregator	I ANNUAL FEE IS \$50
		CURR (X) Reseller (X) Rebiller	ENT COMPANY STATUS () Call Aggregator () Other:	I ANNUAL FEE IS \$50
() Alter	ities-Based Carrier	CURR (X) Reseller (X) Rebiller Bli	ENT COMPANY STATUS () Call Aggregator	I ANNUAL FEE IS \$50
() Alter	ities-Based Carrier nate-Operator Service clow if billing agent if other	CURR (X) Reseller (X) Rebiller Bli	LLING INFORMATION	()
() Alter	ities-Based Carrier nate-Operator Service clow if billing agent if other (Name) e total atnount of customer d	CURR (X) Reseller (X) Rebiller Bli r than yourself. leposits collected?	ENT COMPANY STATUS () Call Aggregator () Other: LLING INFORMATION (Address: City/State/Zip) What is	() (Telephone) the total amount of bond held (if applicabl
() Alter	ities-Based Carrier nate-Operator Service clow if billing agent if other (Name) e total amount of customer d	CURR (X) Reseller (X) Rebiller Bli r than yourself. Bleposits collected? or 19	ENT COMPANY STATUS () Call Aggregator () Other: LLING INFORMATION (Address: City/State/Zip) What is Amoun	() (Telephone)
() Alter Complete b What is the Amount Do you lea	ities-Based Carrier nate-Operator Service clow if billing agent if other (Name) total amount of customer d : \$fr se telecommunications' facili	CURR (X) Reseller (X) Rebiller Bli r than yourself. leposits collected? or 19 COI ties? () YES (2)	DENT COMPANY STATUS () Call Aggregator () Other: LLING INFORMATION (Address: City/State/Zip) What is Amoun MPANY INFORMATION X) NO	() (Telephone) the total amount of bond held (if applicab) t: S Expires:
() Alter Complete b What is the Amount Do you lea If YES, wh	ities-Based Carrier nate-Operator Service elow if billing agent if other (Name) e total amount of customer d : \$for set telecommunications' facilities to do you lease these facilities	CURR (X) Reseller (X) Rebiller Bll r than yourself. leposits collected? or 19 COl ties? () YES (1) ies from? Name:	LENT COMPANY STATUS () Call Aggregator () Other: LLING INFORMATION (Address: City/State/Zip) What is Amoun WPANY INFORMATION X) NO	() (Telephone) the total amount of bond held (if applicab) t: S Expires:
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() Alter Complete b What is the Amount Do you lea If YES, wi Address I, the information the intent t Tisa Du	ities-Based Carrier nate-Operator Service (Name) total amount of customer d se telecommunications' facilit to do you lease these facilities: undersigned owner/officer of is a true and correct statement o nisleast a public servent of March Signature of Company (Signature of Company thes, Compliance A eparer of Form - Ple	CURR (X) Reseller (X) Rebiller Bll r than yourself. leposits collected? or 19 ties? () YES (2) ies from? Name: (1 an aware that pursuant n the performance of his/ther of Official) nalyst	ENT COMPANY STATUS () Call Aggregator () Other: LLING INFORMATION (Address: City/State/Zip) What is Amoun MPANY INFORMATION NO NO have read the foregoing and declare that to t to Section 837.06, Florida Statutes, whoever kn huty shall be guilty of a misdemeanor of the se (Title) Telephone Number (678 7.75-2 F.E.I. No. 38-3346124	() (Telephone) the total amount of bond held (if applicabl t: SExpires: Expires: be best of my knowledge and belief the a nowingly makes a false statement in writing cond degree. (Date)
() Alter Complete b What is the Amount Do you lea If YES, wi Address I, the information the intent t Tisa Du	ities-Based Carrier nate-Operator Service (Name) total amount of customer d se telecommunications' facilit to do you lease these facilities: undersigned owner/officer of is a true and correct statement o nisleast a public servent of March Signature of Company (Signature of Company thes, Compliance A eparer of Form - Ple	CURR (X) Reseller (X) Rebiller Bll r than yourself. leposits collected? or 19 ties? () YES (2) ies from? Name: (1 an aware that pursuant n the performance of his/ther of Official) nalyst	ENT COMPANY STATUS () Call Aggregator () Other: LLING INFORMATION (Address: City/State/Zip) What is Amoun MPANY INFORMATION NO NO have read the foregoing and declare that to t to Section 837.06, Florida Statutes, whoever kn huty shall be guilty of a misdemeanor of the se (Title) Telephone Number (678 7.75-2 F.E.I. No. 38-3346124	(

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FPSC-CO. MISSION CLERK

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FOR RETURN MUST BE FILED ON OR BEFORE 01/30/2001

	Alternative Lo	cal Exchange Com	pany Regu	e TJ388	ent Fee Return	\$ 103,00	
the second se	: P.T.S.C Actual Return	Florida Publi	ic Service Co Instructions on Back of	ommission	FOR PSC USE Clock# <u>6664</u> s <u>50</u> ,00	ONLY 0603006	
Estimated Return		Telecents Communit		6	003001 P		
'	Amended Return	L. Telecom Complian		DATE		0603006	
	CATENED	1720 Windward Conc		e 250	s	+1.	
period covered; 63/23/23:29 -TO		Alpharetta, GA 3000	0 3 8 1	Postmark Date 9/4/03			
12/31/2008				SEP 1 0 2003	Initials of Preparer	m	
1/1/0.	3-12/31/03	Please Complete Below If (Miscial Maning Ac	foress has Changed	L <u></u>	······	
	(Name of Company)		(Address)		(City/State)	(Zip)	
	(1.11) (1. Company)						
LINE NO.	ACCOUNT CL	ASSIFICATION	GROSS (FLORIDA	INTRAST	ATE REVENUE	
	nut 1 Ci			0.00	s 0.00		
1. 2.	Basic Local Services \$ Long Distance Services (IntraLATA unly)**				Ψ_		
2. 3.	Access Services						
4.	Private Line Services						
5.	Leased Facilities & Circuits						
6.	Miscellaneous Services						
7.	TOTAL REVENUES				s_0.00		
8.	LESS: Amounts Paid to O	ther Telecommunications Companie					
9.	Net Intrastate Operating Rev	venue for Regulatory Assessment F	0.00				
10.	Regulatory Assessment Fee	Due (Multiply Line 9 by 0.0015)					
11.	Penalty for Late Payment (a	see "3. Failure to File by Due Dat					
12.	Interest for Late Payment (s	see "3. Failure to File by Due Dat					
13.	TOTAL AMOUNT DUE			\$_50.00			
• These a		he and must be varifiable					

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

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

() Facilities-Based Provider	CURRENT COMPANY (V Receller () Other:	STATUS	
Complete below if billing agent if other than yourself.	BILLING INFORMA	TION	
(Name)	(Address:	: City/State/Zip)	()(Telephone)
	COMPANY INFORM	ATION	
Do you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name:	(X) NO		
Address:			
I, the undersigned owner/officer of the above-named of information is a true and correct statement. I am aware that the intent of misless a public servant in the performance of	pursuant to Section 837.06, Plos	rida Statutes, whoever knowingly makes a	
(Signature of Company Official)		(Title) 670 775-2244	(Date)
Tisa Dukes, Compliance Analyst (Preparer of Form - Please Print Name	Telephone	Number (070) Pax Number	<u>(678)</u> 775-2254
· •	F.E I. No	38-3346124	
PSC/CMU-7 (Rev. 11/11/99)			