

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004

030000 - Pu

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Competitive Local Exchange Company Regulatory Assessment Fee Return

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

FOR PSC USE ONLY

Check # 10831

\$ 50.00 0603006
003001

\$ _____ P _____ 0603006
004011

\$ _____

Postmark Date 11-22-03

Initials of Preparer RT

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2003 TO 12/31/2003

TX494-03-0-R
Broadwing Local Services Inc.
1122 Capital of Texas Highway, South
Austin, TX 78746

DATE DEC 1 2003

cc: P. Isler

Please Complete Below If Official Mailing Address Has Changed

Broadwing Local Services Inc. 201 East Fourth St. Cincinnati Ohio 45202
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
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 Companies* (see "2. Fees" on back)	_____	_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	TOTAL AMOUNT DUE	_____	_____

AUS _____
CAF _____
CMP _____
COM _____
CTR \$ _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC _____
OTH \$ _____ -0-

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

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

CURRENT COMPANY STATUS

() Facilities-Based Provider
() Reseller
(x) Other: inactive

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone) _____

COMPANY INFORMATION

Do you lease telecommunications facilities? () YES (x) NO
If YES, who do you lease these facilities from? Name: _____

Address: _____

DOCUMENT NUMBER DATE
12562 DEC-8
PSC-COMMISSION OF FLORIDA

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 337.06, 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.

P. Isler
(Signature of Company Official)

Managing Director - Corp Tax 11/19/03
(Title) (Date)

(Preparer of Form - Please Print Name)

Telephone Number () Fax Number ()