

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

0401199TI

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
Estimated Return
Amended Return

TI609-03-0-R
ATS
5849 Okeechobee Blvd., Suite 201
West Palm Beach, FL 33417-4352
No Longer Operating
D425 FEB 02 2004

FOR PSC USE ONLY
Check# 1527
\$ 50.00
Postmark Date 1-27-04
Initials of Preparer RT

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

RECORDS

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Includes categories like Long Distance Services, Access Services, etc.

* 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 (X) Other: No Longer Operating

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.

Signature of Company Official: [Signature]
(Preparer of Form - Please Print Name)
Title: President
Date: 1/27/04
Telephone Number: 561 471-1884 Fax Number: 561 640-1720
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