| Florida Public Service Commission George Florida Public Service Commission Florida Public Service Commission George Florida Public Service Commission Florida Public Service Commission George Florida Public Service Companies Florida Public Service Commission George Florida Public Commission Florida Public Service Commission Florida Public Service Commission Florida Public Commis | i. Interes | exchange Company Reg | ulatory Assessment F | ee Return 040119=TL |
|---|---|--|--|--|
| ### ATS Salivated Return ATS Salivate | STATUS: | | | FOR PSC USE ONLY Check# 152 |
| Amended Return S849 Okeechobee Blvd, Suite 201 West Palm Beach, FL 33417-4352 Occomplete Below If Official Mailing Address Has Changed Flease Complete Below If Official Mailing Address Has Changed INTERIOR OCCOUNT CLASSFICATION FLORIDA GROSS OPERATING REVENUE 1. Long Distance Services 1. Long Distance Services 2. Access Services 3. Private Line Services 4. Lessed Forlities & Gircuits Services 5. Miscellaneous Services 6. TOTAL Telephone Services 7. LESS: Amounts Paid to Other Telecommunications Companies* 8. TOTAL Telephone Services 9. 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 De Date" on back) 11. Interest for Late Payment (see "3, Failure to File by De Date" on back) 12. TOTAL AMOUNT DUE These amounts must be intrastate only and must be verifiable. AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FRE IS SSB ELLING INFORMATION Complete below if billing agent if other than yourself. COMPANY INFORMATION Do you kease telecommunications' facilities?" () YES () NO COMPANY INFORMATION | | TI609-03-0-R | | |
| Please Complete Below If Official Mailing Address Has Changed (Name of Company) (Address) (Cay)Stato) (Company information (Complete below if billing agent if other than yourself. (Can) (Can) (Call Aggregator (Call | | 5849 Okeechobee Blvd., S West Palm Beach, FL 334 | uite 201 17-4352 | \$P_0603001 |
| Please Complete Below If Official Mailing Address Has Changed (Name of Company) (Name o | PERIOD COVERED: 01/01/2003 TO 12/31/2003 | No Longe | • | \$II |
| (Name of Company) (Name of Company) (Address) (Caty)State) (Caty)Sta | Records | Operating | D425 FED08 | 1 Initials of Preparer RT |
| City State) | | Please Complete Below If Office | ial Mailing Address Has Changed | Extra Donald Report |
| LINE NO. ACCOUNT CLASSIFICATION GROSS OPERATING REVENUE INTRASTATEREVINUE 1. Long Distance Services 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuit Services 5. Miscellaneous Services 6. TOTAL Telephone Services 7. LESS: Announts Paid to Other Telecommunications Companies* (see *2. Fees* on back) 9. Regulatory Assessment Fee Calculation 9. Regulatory Assessment Fee Dut (Multiply Line 8 by 0.0015) 10. Penalty for Late Payment (see *3. Failure to File by Due Date* on back) 11. Interest for Late Payment (see *3. Failure to File by Due Date* on back) 12. TOTAL AMOUNT DUE 13. TOTAL AMOUNT DUE 14. 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 () Alternate-Operator Service () Reseller () Alternate-Operator Service () Reseller () Alternate-Operator Service () Rebiller COMPANY INFORMATION Do you lease telecommunications' facilities? () YES () | | | (A.J.) | (2) |
| Long Distance Services S | (ivame of Company) | | (Address) | (City/State): (Zip) |
| (Name) What is the total amount of customer deposits collected? Amount: \$\frac{100}{100} \frac{100}{100} \frac | 1. Long Distance Services 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits Ser 5. Miscellaneous Services 6. TOTAL Telephone Services 7. LESS: Amounts Paid to Other (see "2. Fees" on back) 8. TOTAL REVENUES For Regulatory Assessment Fee Dur 10. Penalty for Late Payment (see "11. Interest for Late Payment (see "12. TOTAL AMOUNT DUE" * These amounts must be intrastate onl | Telecommunications Companies* alatory Assessment Fee Calculation e (Multiply Line 8 by 0.0015) '3. Failure to File by Due Date" on back) '3. Failure to File by Due Date" on back) y and must be verifiable. IN SECTION 364.336, FLORIDA CURRENT CO | \$STATUTES, THE MINIMUM | AUS CAF CAF CAF CMP COM CTR SS F ECR GCL MMS SEC OTH STORY OTH STO |
| Complete below if billing agent if other than yourself. (Name) (Name) (Address: City/State/Zip) What is the total amount of customer deposits collected? Amount: \$ for 19 | () Alternate-Operator Service | () Rebiller | Nother: NO Los | iger Uperating |
| What is the total amount of customer deposits collected? Amount: \$ for 19 What is the total amount of bond held (if applicable)? Amount: \$ Expires: | | ourself. | | |
| Do you lease telecommunications' facilities? () YES () NO | What is the total amount of customer deposits | collected? | What i | s the total amount of bond held (if applicable)? |
| | Do you losse telescommunicational facilities | | INFORMATION | |
| | | | | |
| Address: | 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 amawate 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. We Schent (Title) (Title) (Title) Telephone Number 16/14/-18/Fax Number (16/14/-18/Fax Number (16/14/ | public servant in the performance of his/her d | ursuant to Section 837.06, Florida Statutes that shall be guilty of a misdemeanor of the ficial) | s, whoever knowingly makes a false st e second degree. (Title) | The second state of the se |
| (Preparer of Form - Please Print Name) PSC/CMP-153 (Rev. 11/11/99) F.E.I. No. 59-26596/0000MERI RUMBER - 25 | _ | Print Name) | | 6/0000MENT NUMBERCHAIL |