

Competitive Local Exchange Company Regulatory Assessment Fee Return

TOTAL \$ 106.00

ORIGINAL

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX458-03-0-R
Opticom, a Division of One Call Communications, Inc.
801 Congressional Blvd.
Carmel, IN 46032-5650
DEPOSIT DATE TX458
03
448 MAR 30 2004

FOR PSC USE ONLY
Check# 121825
\$ 50.00 0603006
003001
\$ _____ P
0603006
004011
\$ _____ I
Postmark Date 3-24-04
Initials of Preparer RT

Records
PERIOD COVERED:
01/01/2003 TO 12/31/2003
01/01/2004
to
12/31/2004

Please Complete Below If Official Mailing Address Has Changed

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

RECEIVED PSC
MAR 30 AM 9:00
COMMISSION CLERK

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>0</u>	\$ <u>0</u>
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	\$ <u>0</u>	\$ <u>0</u>
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	_____	\$ <u>50.00</u>

AUS
CAF
CMP
COM
CTR
ECR
GCL
OPG
MMS
SEC
OTH

* 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
() Other: NO OPERATIONS

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 () 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. I am aware 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.

U. M. C. Bernard General Counsel 3-17-04
(Signature of Company Official) (Title) (Date)

Bob Young Telephone Number 317, 580-7207 Fax Number 317, 580-7351
(Preparer of Form - Please Print Name) F.E.I. No. Employee DOCUMENT NUMBER-DATE
04047 MAR 30 03

(see 03239-04)

Competitive Local Exchange Company Regulatory Assessment Fee Return

TOTAL \$ 106.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

RECORDS -
See ATT

Florida Public Service Commission
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Postmark Date 3-24-04

Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ 0
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	_____	\$ 56.00

* 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 + \$6.00

CURRENT COMPANY STATUS

() Facilities-Based Provider

() Reseller

(X) Other: NO OPERATIONS

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: _____

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 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.

Ann C. Bernard (Signature of Company Official) General Counsel (Title) 3-17-04 (Date)

BOB YOUNG (Preparer of Form - Please Print Name) Telephone Number 317 580-7207 Fax Number 317 580-7351

F.E.I. No. Employee



OCMC, INC.

801 CONGRESSIONAL BOULEVARD
CARMEL, IN 46032

March 17, 2004

Florida Public Service Commission
Attn: Valorie Moore
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: 2003 and 2004 Regulatory Assessment Fee Returns for TX458-03-0-R.

This is in response to your attached notice of non-filing letter sent February 19, 2004. Per our subsequent phone conversation, I am requesting cancellation of the operating authority of TX458-03-0-R.

Enclosed is a check in the amount of \$106.00 in payment of the 2003 and 2004 minimum regulatory assessment for this company which had no operations in 2003 or 2004. The payment also includes a \$6.00 late fee for 2003.

Also enclosed are the Competitive Local Exchange Company Regulatory Assessment Fee Returns for 2003 and 2004.

If you have any questions, please call me on 317 580-7207.

Sincerely,

Robert Young

Director of Network and Regulatory Accounting