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FPSC-COMMISSION CLEDK

TO AVOID PENALTY AND INTEREST CHARGES. THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004 Competitive Local Exchange Company Regulatory Assessment Fee Return Florida Public Service Commission STATUS: (See Filing Instructions on Back of Porm) Actual Return TX315-03-0-R 06-03-001 Estimated Return 003001 InterCept Communications Technologies, Inc. Amended Return 3150 Holcomb Bridge Road, Suite 200 06-03-001 004011 Norcross, GA 30071-1370 PERIOD COVERED: 01/01/2003 TO 12/31/2003 Docket No. 040847-TX (Isler) Please Complete Below If Official Mailing Address Has Changed (Name of Company) (Address) (City/State) (Zip) 7 FLORIDA ACCOUNT CLASSIFICATION GROSS OPERATING REVENUE INTRASTATE REVENUE LINE NO. Basic Local Services 1. . Long Distance Services (IntraLATA only)** 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits Services 5. Miscellaneous Services TOTAL REVENUES 7. LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) 8. Net intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8) 9. Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015) 50.00 10. Penalty for Late Payment (see "3. Failure to File by Due Date" on back) II. Interest for Late Payment (see "3, Failure to File by Due Date" on back) 12. TOTAL AMOUNT DUE 13. 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 () Receller (X) Other: <u>Does not provide t</u>elecommunications services () Facilities-Based Provider BILLING INFORMATION Complete below if billing agent if other than yourself. (Address: City/State/Zip) (Name) (Telephone) CMP COMPANY INFORMATION COM you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name: CTR ECR 1. 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 proces statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mistead a public servant in the e of his/her dury shall be guilty of a misdemeanor of the second degree. Sensor View President (Signature of Company Official) Jonathan R. Coe Telephone Number 770, 248-960@x Number 770, 242-6803 (Preparer of Form - Please Print Name) F.E.L No. 58-2456007 **RCA** DOCUMENT NUMBER-DATE SCR (REW-11/11/99) 13196 DEC 15 8 SEC ___ OTH ____