

05000

**Competitive Local Exchange Company Regulatory Assessment Fee Return**

**ORIGINAL**

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX470-04-0-R  
 KMC Telecom V, Inc.  
 1755 North Brown Road  
 Lawrenceville, GA 30043-8119  
 537 FEB 11 2005

**FOR PSC USE ONLY**  
 Check# 007376  
 \$ 14,201.89 06-03-001 003001  
 \$ \_\_\_\_\_ P 06-03-001 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date 1-31-05  
 Initials of Preparer RT

PERIOD COVERED:  
 01/01/2004 TO 12/31/2004

NONNYE

Please Complete Below If Official Mailing Address Has Changed

KMC Telecom V, Inc. 1545 Route 206 Bedminster, NJ 07921  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 9,467,926.64	\$ 9,467,926.64
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ 9,467,926.64
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)	_____	\$ 9,467,926.64
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	14,201.89
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	_____	\$ 14,201.89

\* 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

Facilities-Based Provider

CURRENT COMPANY STATUS

- Reseller
- Other: \_\_\_\_\_

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.

*Rick Fiorentino*  
 (Signature of Company Official)

VP. Tax (Title) 1/19/05 (Date)

Rick Fiorentino  
 (Preparer of Form - Please Print Name)

Telephone Number 808 470-2114 Fax Number 808 470-2116  
 F.E.I. No. 22-3719935 DOCUMENT NUMBER - 0

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