

(050000)

SEE TJ861 04
TY753

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004

Interexchange Company Regulatory Assessment Fee Return

TOTAL \$ 181.50

ORIGINAL

FOR PSC USE ONLY

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

TJ861-03-0-R
 Alpha Telecom, LLC
 1221 West Flagler Street
 Miami, FL 33130-2419
 Docket No. 040983-TI 558

1054

\$ 50.00 0603001
 003001
 \$ 12.50 P 0603001
 004011
 \$ 1.00 I
 Postmark Date 4/9/05
 Initials of Preparer RT

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

Records PAID

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.	Long Distance Services	\$ _____	\$ _____	CMP _____
2.	Access Services	_____	_____	COM _____
3.	Private Line Services	_____	_____	CTR _____
4.	Leased Facilities & Circuits Services	_____	_____	ECR _____
5.	Miscellaneous Services	_____	_____	GCL _____
6.	TOTAL Telephone Services	\$ _____	\$ _____	OPC _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)	MMS _____
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____	RCA _____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____	SCR _____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____	SEC <u>1</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____	OTH _____
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 FEE IS \$50

CURRENT COMPANY STATUS

() Facilities-Based Carrier () Reseller () Call Aggregator
 () Alternate-Operator Service () Rebiller (X) Other: OPERATIONS NEVER STARTED

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: \$ N/A for 19 _____

What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

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.

Roberto Franco
 (Signature of Company Official)
 Roberto Franco
 (Preparer of Form - Please Print Name)

OPERATIONS MANAGER 3/31/05
 (Title) (Date)
 Telephone Number (305) 772-842 Fax Number (305) 548-3200