

060051-TI

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)

TI225-05-0-R
 Byron Financial & Management Corp.
 1451 W. Cypress Creek Road, Suite #300
 Ft. Lauderdale, FL 33309-1953

Final Return

FOR PSC USE ONLY

Check # 12191

\$ 262.88 06-03-001
 003001

\$ _____ P 06-03-001
 004011

\$ _____ 1

Postmark Date 1-12-06
 Initials of Preparer nm

Records

610 JAN 19 2006

Please Complete Below If Official Mailing Address Has Changed

Company Sold

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

| LINE CMP NO. | ACCOUNT CLASSIFICATION | FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|-----------------|--|------------------------------------|---------------------------------|
| 1. | Long Distance Services | \$ _____ | \$ <u>131,440.35</u> |
| 2. | Access Services | _____ | _____ |
| 3. | Private Line Services | _____ | _____ |
| 4. | Leased Facilities & Circuits Services | _____ | _____ |
| 5. | Miscellaneous Services | _____ | _____ |
| 6. | TOTAL Telephone Services | \$ _____ | \$ <u>131,440.35</u> |
| 7. | LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾ | (_____) | (_____) |
| 8. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | _____ | \$ _____ |
| 9. | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020) | _____ | <u>262.88</u> |
| 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. | Extension Payment Fee (see "4. Extension" on back) | _____ | _____ |
| 13. | TOTAL AMOUNT DUE (\$50 MINIMUM) | _____ | \$ <u>262.88</u> ⁽²⁾ |

SEC 1 (1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: standalone

BILLING INFORMATION

Complete below if billing agent is other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected?
 Amount: \$ 0 for 20 _____

What is the total amount of bond held (if any)?
 Amount: \$ N/A Expires _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

DOCUMENT NUMBER-CAT 00453 JAN 18 2006 FPSC-COMMISSION CLEF

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false state the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official) (Title) President (Date) 1-11-06

 (Preparer of Form - Please Print Name) Kelly Byron Telephone Number (954) 928-2800 Fax Number (954) 928-2801

F.E.I. No. 65-0003779