



March 1, 2006

State of Florida Public Service Commission Attention: Paula Isler Capital Circle Office Center 2540 Shumard Oak Blvd Tallahassee, FL 32399-0850

060230-TP

Re: TJ647-05-0-D TX654-05-0-D

Dear Ms Isler:

After receiving the Delinquency Notice on the above referenced accounts, you spoke with Shirley Gill in our office, and we understand that we need to file and pay the minimum fees and request cancellation of those Certificates for eXpeTel Communications.

As you know, eXpeTel Communications merged into Xfone USA, Inc. in March 2005. Xfone USA filed its returns with the State of Florida Public Service Commission, noting the merger. Those returns were filed along with TJ934-05-0-R and TX800-05-R.

Please accept this letter as our written request to cancel the Certificates referenced above under the name of eXpeTel Communications.

Should there be any further questions on this filing or should additional information be required, please don't hesitate to contact Shirley Gill directly at 601-420-6489.

Sincerely,

Wade Spooner President & CEO *Xfone USA, Inc.*

Cc: Shirley Gill

enclosure

COMPETITIVE SERVICES

2021 INR 13 MILL: 20

DOCUMENT NUMBER-CATE

02221 MAR 158

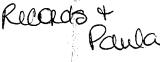
FPSC-COMMISSION CLERK

	es, the regulatory assessment fee return exchange Company Regi		
	Florida Public Servi	URIUINAL	FOR PSC USE ONLY
STATUS:	(See Filing Instructions of		Check # 12415
Actual Return	TJ647-05-0-R	AL BACK OLFOTTI	
Estimated Return	eXpeTel Communications		\$ <u>50.00</u> 06-03-001 003001
Amended Return	2506 Lakeland Drive, Suite	405	\$ 5.00 P
	Flowood, MS 39232-7674		06-03-001
PERIOD COVERED:	in further and t	j (,	004011
01/01/2005 TO 12/31/2005	6-370	ANR 11 ATHEN	3 <u>1.0</u> 1
lerged with	-	MAR 1 4 2005	Postmark Date 3-10-06
TTARIOSA			Initials of Preparer <u>P</u>
inder of the	Please Complete Below If Official N	failing Address Has Changed	
Rand ARCIN Da			
(Mame of Company)	(Addr	ess)	(City/State) (Zip)
NO. ACCO	UNT CLASSIFICATION	FLORIDA (OPERATING F	and the second se
1. Long Distance Services		\$	s
 Access Services Private Line Services 	· .		
4. Leased Facilities & Circu	its Services		
5. Miscellaneous Services		•	
6. TOTAL Telephone Ser	vices	\$	\$
7. LESS: Amounts Paid to	Telecommunications Companies ⁽¹⁾	(<u></u>	
	or Regulatory Assessment Fee Calculation	e de la construcción de la constru La construcción de la construcción d	s and s s s s s s s s s s s s s s s s s s s
9. Regulatory Assessment F	ee Due (Multiply Line 8 by 0.0020)		• • • • • • • • • • • •
	t (see "3. Failure to File by Due Date" on bat		
	t (see "3. Failure to File by Due Date" on bac see "4. Extension" on back)	к)	
13. TOTAL AMOUNT DU	E (\$50 MINIMUM)		۲ (2)
 These amounts must Regardless of the gra Section 364.336, Flo 	be <u>intrastate only</u> and must be verifiable (see oss operating revenue of a company, a minir rida Statutes.	"2. Fees" on back). num annual regulatory assessment fe	e of \$50 shall be imposed as provided in
	CURRENT CON	MPANY STATUS	
() Facilities-Based Carrier	() Reseller	() Call Aggregator	Y
() Alternate-Operator Service	() Rebiller	() Other:	· · · · · · · · · · · · · · · · · · ·
	BILLING IN	FORMATION	
Complete below if billing agent is othe	r than yourself.		
(Name)		dress: City/State/Zip)	() (Telephone)
What is the total amount of customer d	eposits collected?	What is the to	otal amount of bond held (if applicable)?
Amount: \$ for	20	Amount: \$	Expires:
	COMPANY IN	FORMATION	
Do you lease telecommunications' faci If YES, who do you lease these facilitie	lities? () YES () NO		·
Address:		<u> </u>	
			(4) A. C. S. M. Market, M. M. Market, M. M. Market, M. M. M. Market, M.
I, the undersigned owner/officer	of the above-named company, have read th	he foregoing and declare that to the	e best of my knowledge and belief the above
information is a true and correct staten	nent. I am aware that pursuant to Section 83 the performance of his/her duty shall be guil	57.00, Florida Statutes, whoever kno	wingly makes a false statement in writing with
	and performance of marier duty shan de gui	by or a misdemeanor of the second d	ILAULALA
(Signature of Company	v Official)	(Title)	$\frac{1/0400}{(Data)}$
Shido. R		Laillanus	0 - nonlants autoration
(Preparer of Form - Pleas	Telephone N	umber <u>WVI)7XUV40</u>	9 Fax Number (1001) (9104-1190
(x - oparer or ror mi - r leas	F.E.I. No.	64-04300	09 02221 MAR 15 8
PSC/CMP 153 (Rev. 01/05)	· · · · · · · · · · · · · · · · · · ·	······································	
			FPSC-COMMISSION CLEF

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2007 **Interexchange Company Regulatory Assessment Fee Return** FOR PSC USE ONLY Florida Public Service Commission STATUS: Check # 12410 (See Filing Instructions on Back of Form) TJ647-06-0-R Actual Return 06-03-001 eXpeTel Communications Estimated Return 003001

Amended Return PERIOD COVERED:

01/01/2006 TO 12/31/2006



2506 Lakeland Drive, Suite 405 Flowood, MS 39232-7674

Bullion 1 4 (AV

= 637 MAR 1 & 2008

06-03-001 004011 Postmark Date 3-10 Initials of Preparer

Please Complete Below If Official Mailing Address Has Changed

	(Name of Company)	(Address)	(City/St	ate) (Zip)
LINE NO.	ACCOUNT CLASSIFICATION		FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1. 2. 3. 4. 5.	Long Distance Services Access Services Private Line Services Leased Facilities & Circuits Services Miscellaneous Services		\$ 	
6.	TOTAL Telephone Services		s	\$
7. 8.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾ TOTAL REVENUES For Regulatory Assessment Fee Calo	culation	()) (<u> </u>
9. 10. 11. 12.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020 Penalty for Late Payment (see "3. Failure to File by Due Da Interest for Late Payment (see "3. Failure to File by Due Dat Extension Payment Fee (see "4. Extension" on back)	ite" on back)		
13.	TOTAL AMOUNT DUE (\$50 MINIMUM)			\$ <u>50,00</u> (2)

(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.

	CURR	ENT COMPANY STATUS	
() Facilities-Based Carrier() Alternate-Operator Service	() Reseller () Rebiller	() Call. () Othe	Aggregator r:
· · · · · · · · · · · · · · · · · · ·	BIL	LING INFORMATION	
Complete below if billing agent is other than yourself.			()
(Name) What is the total amount of customer deposits collected? Amount: S for 20		(Address: City/State/Zip)	(Telephone) What is the total amount of bond held (if applicable)? Amount: \$Expires:
	COM	IPANY INFORMATION	
Do you lease telecommunications' facilities? () YE If YES, who do you lease these facilities from? Name:	S () NC)	
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. -1 1

			31	100
(Signature of Company Official)	<u></u>	(Title)		(Date)
Shirley Gill	Telephone Number	600420-6489	Fax Number	664-1190
(Preparer of ['] Form - Please Print Name)	F.E.I. No	64-0937	109	

PSC/CMP 153 (Rev. 01/05)

to avoid penalty and interest charges, the regulatory assessment fee regulatory Aust be filed on or before 01/30/2006 Competitive Local Exchange Company Regulatory Assessment Fee Return

	<i>k</i>				
		Florida Public Ser		FOR PSC USE Check # 12413	ONLY
STATUS:		(See Filing Instruction	ns on Back of Form)	\Box [Check # $\Delta 7 \Delta$	
Actual	April 1	TX654-05-0-R		s_50:00) 06-03-00
Estimat	ted Return	eXpeTel Communications			00300
Amend	led Return	2506 Lakeland Drive, Sui	te 405	\$ 5.00 P	
		Flowood, MS 39232-764	0		06-03-00
	COVERED:			111000	00401
01/01/2005 TC			11 assize and	$ _{s} r I $	
NECO	WITH		7 MAR-1 4 200		
		63	/ MARIA South	Postmark Date 3-10	
XX00-0	05-0-K			Initials of Preparer	RT
		Please Complete Below If Officia	Mailing Address Has Changed	L	
POPOrc	tot Paula				
puer	1. j. 1. j. 1. j.				
	(Name of Company)	(Ad	dress)	(City/State)	(Zip)
LINE NO.	ACCOL	INT CLASSIFICATION	FLORIDA GR OPERATING RE		REVENUE
1 - 1.	Basic Local Services			<u> </u>	
	ong Distance Services (I	ntraLATA only) ⁽¹⁾		*	
	Access Services	•			
	rivate Line Services	ta Servicea			
5. L	eased Facilities & Circui	ts Services			
5. L 6. N	eased Facilities & Circui Aiscellaneous Services	ts Services			
5. L 6. M 7. T	eased Facilities & Circuit Aiscellaneous Services OTAL REVENUES				
5. L 6. M 7. T 8. L	eased Facilities & Circui Aiscellaneous Services FOTAL REVENUES ESS: Amounts Paid to O	ther Telecommunications Companies ⁽²⁾		\$	
5. L 6. M 7. T 8. L 9. N	eased Facilities & Circui Aiscellaneous Services COTAL REVENUES ESS: Amounts Paid to O IET INTRASTATE OP	ther Telecommunications Companies ⁽²⁾ ERATING REVENUE for Regulatory A	Assessment Fee Calculation (Line 7	less Line 8) \$	
5. L 6. M 7. T 8. L 9. N 10. R	eased Facilities & Circuit Aiscellaneous Services COTAL REVENUES ESS: Amounts Paid to Office IET INTRASTATE OPI Legulatory Assessment Fe	ther Telecommunications Companies ⁽²⁾ ERATING REVENUE for Regulatory A e Due (Multiply Line 9 by 0.0020)	•	less Line 8)	
5. L 6. M 7. T 8. L 9. N 10. R 11. Pt	eased Facilities & Circui Aiscellaneous Services COTAL REVENUES ESS: Amounts Paid to O IET INTRASTATE OPI legulatory Assessment Fe enalty for Late Payment	ther Telecommunications Companies ⁽²⁾ ERATING REVENUE for Regulatory A e Due (Multiply Line 9 by 0.0020) (see "3. Failure to File by Due Date" on 1	back)	less Line 8) \$	
5. L 6. M 7. T 8. L 9. N 10. R 11. Pr 12. In	eased Facilities & Circuit Aiscellaneous Services COTAL REVENUES ESS: Amounts Paid to OF IET INTRASTATE OP legulatory Assessment Fe enalty for Late Payment interest for Late Payment (ther Telecommunications Companies ⁽²⁾ ERATING REVENUE for Regulatory A e Due (Multiply Line 9 by 0.0020)	back)	less Line 8) \$	
5. L 6. M 7. T 8. L 9. N 10. R 11. Pr 12. In 13. E	eased Facilities & Circuit Aiscellaneous Services COTAL REVENUES ESS: Amounts Paid to OF IET INTRASTATE OP legulatory Assessment Fe enalty for Late Payment interest for Late Payment (ther Telecommunications Companies ⁽²⁾ ERATING REVENUE for Regulatory A e Due (Multiply Line 9 by 0.0020) (see "3. Failure to File by Due Date" on the (see "3. Failure to File by Due Date" on the e "4. Extension " on back)	back)	less Line 8) \$	

(1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

(2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(3) 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.

í.

) Facilities-Based I	Provider	C () Resell () Other		 :	
		·	BILLING INFORMATION	 <u></u>	
complete below if bil	ling agent is other than you	irself.		· ()	19
- <u>-</u>	Name)		(Address: City/State/Zip)	 (Telephone)	······
y y Cox			COMPANY INFORMATION	 	
o you lease telecom	munications' facilities?) YES () NO		

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 official duty shall be guilty of a misdemeanor of the second degree.

1124100
(Title) (Date)
01420-6189 Fax Number 6010664-1190
04-0930009
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	Florida Public S	Service Commission	FOR PSC USE ONLY
STATUS:	(See Filing Instru	uctions on Back of Form)	Check #_12414
Actual Return Estimated Return	TX654-06-0-R eXpeTel Communication	ons	\$ <u>50.00</u> 006-03-001 003001
Amended Return	2506 Lakeland Drive, Suite 405 Flowood, MS 39232-7640		\$ P 06-03-001
PERIOD COVERED: 01/01/2006 TO 12/31/2006		an an ann an an an Arthur an Arthur	\$ I
	;	-637 MAR 1 4 Hos	Postmark Date 310-06 Initials of Preparer RT

	(Name of Company)	(Address)	(City/State)	(Zip)
LINE NO.	ACCOUNT CLASSIFICATION		ORIDA GROSS ATING REVENUEINTRA	STATE REVENUE
1. 2. 3. 4. 5. 6.	Basic Local Services Long Distance Services (IntraLATA only) ⁽¹⁾ Access Services Private Line Services Leased Facilities & Circuits Services Miscellaneous Services	\$ 	O \$ O \$	
7. 8.	TOTAL REVENUES LESS: Amounts Paid to Other Telecommunication	is Companies ⁽²⁾	\$	<u> </u>
9. 10. 11. 12. 13.	NET INTRASTATE OPERATING REVENUE Regulatory Assessment Fee Due (Multiply Line 9 Penalty for Late Payment (see "3. Failure to File by Interest for Late Payment (see "3. Failure to File by Extension Payment Fee (see "4. Extension " on bac	by 0.0020) by Due Date" on back) y Due Date" on back)	tion (Line 7 less Line 8) \$	
14.	(1) Other long distance revenue must be listed on	the Interaychange Degulatory Assessme	\$	$\mathcal{D}\mathcal{O}\mathcal{O}\mathcal{O}^{(3)}$

(2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(3)	Regardless of the gross operating revenue of a company	y, a minimum	annual regulatory	assessment fee of \$50 shall	be imposed as provided in
	Section 364.336, Florida Statutes.				

() Facilities-Based Provider	CURRENT COMPANY STATUS (X) ReselleCLEC () Other:		
	BILLING INFORMATION		
Complete below if billing agent is other than you	rself.	()	
(Name)	(Address: City/State/Zip)	(Telephone)	
	COMPANY INFORMATION		
Do you lease telecommunications' facilities? (If YES, who do you lease these facilities from? 1			
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 official duty shall be guilty of a misdemeanor of the second degree.

			31106
(Signature of Company Official)		(Title)	(Date)
Shirley Gill	Telephone Number	601420-6489	Fax Number 100 10104-1190
(Preparer of Form - Please Print Name)		1011 0020	$\wedge \infty$
	F.E.I. No	64-0930	INC

PSC/CMP 007 (Rev. 01/05)

1.44