

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2006 TO 12/31/2006

Paula Records

TJ169-06-0-R
 Mpower Communications Corp.
 175 Sully's Trail, Suite 300
 Pittsford, NY 14534-4558

Docket No. 060427-TP

6 5 8 JUN 2 8 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 00525128

\$ 50.00 06-03-001 003001

06 JUN 28 AM 10:04

COMMISSIONER

CLERK

Postmark Date 6/22/06

Initials of Preparer _____

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

| LINE NO. | ACCOUNT CLASSIFICATION | FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|--|---------------------------------|-----------------------------|
| 1 | Long Distance Services | \$ _____ | \$ _____ |
| 2 | Access Services | \$ _____ | \$ _____ |
| 3 | Private Line Services | \$ _____ | \$ _____ |
| 4 | Leased Facilities & Circuits Services | \$ _____ | \$ _____ |
| 5 | Miscellaneous Services | \$ _____ | \$ _____ |
| 6 | TOTAL Telephone Services | \$ _____ | \$ _____ |
| 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) | | \$ _____ |
| 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>50</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.

CURRENT COMPANY STATUS

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

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: \$ _____ for 20 _____

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

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.

 (Signature of Company Official)

Sr. Vice President, Controller
 (Title)

6/20/06
 (Date)

Kynn Abraham
 (Preparer of Form - Please Print Name)

Telephone Number (585) 218-8929 Fax Number (585) 249-5972

F.E.I. No. 88-0360042

DOCUMENT NUMBER - DATE

05797 JUN 28 06