

# 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:

01/01/2005 TO 12/31/2005

TJ605-05-0-R  
 Astrocom Corporation  
 10305 NW 41st Street, Suite 215  
 Miami, FL 33178-2976

060466

664 JUL 26 2006

**FOR PSC USE ONLY**

Check # 7521

\$ 54,938.18 06-03-001  
003001

\$ \$13.74 P 06-03-001  
004011

\$ \$3.30 I

Postmark Date 7-22-06  
Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

nonnye

Astrocom Corporation #170 10850 NW 41st MIAMI, FL 33178  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 6,156,889.12	\$ 36,941.33
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 6,156,889.12	\$ 36,941.33
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	(5,516,638.34)	(9,432.13)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 27,469.19
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		54.93
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		13.73
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		6.56
12.	Extension Payment Fee (see "4. Extension" on back)		
13.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ 75.22 <sup>(2)</sup>

(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] (Signature of Company Official) President (Title) 07/21/06 (Date)

(Preparer of Form - Please Print Name) \_\_\_\_\_ Telephone Number (305) 2236260 Fax Number (305) 2236103  
 F.E.I. No. 65-0901591 DOCUMENT NUMBER DATE 07116 AUG-8 8