

ORIGINAL

060466

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2)

Interexchange Company Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
Estimated Return
Amended Return

PERIOD COVERED:

FIELD(3)

1/1/2005 - 12/31/2005

FIELD(1)
REPORT DATE
TJ 872-08-0-R 671 AUG 08 2005
TDSI, Inc.
200 North Westlake Blvd Ste. 104
Westlake Village, CA 91362-3770

FOR PSC USE ONLY
Check # 8569
\$ 117.83 0603001
\$ 29.45 P 003001
\$ 8.25 0603001
004011
Postmark Date 8-2-06
Initials of Preparer R.T

Please Complete Below if Official Mailing Address Has Changed

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, TOTAL Telephone Services, LESS: Amounts Paid to Telecommunications Companies, TOTAL REVENUES For Regulatory Assessment Fee Calculation, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, Extension Payment Fee, TOTAL AMOUNT DUE (\$50 MINIMUM).

(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
( ) Alternate-Operator Service
( ) Reseller
( ) Rebiller
( ) Call Aggregator
( ) 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 (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 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) SECRETARY (Title) 8-2-06 (Date)
(Preparer of Form - Please Print Name) Telephone Number 805 2770402 Fax Number 805 340 0176
F.E.L. No. 07130 AUG-88