Her Paula	TSICO. VO. THE REGULATORY ASSESSMENT FEE RETURN M	29 UST CAN	vce/Ation
Interex	change Company Regul	latory Assessment I	See Return
ORIGIN STATUS:	AL. Florida Public Servic		FOR PSC USL ONLY Check # 39
Actual Return Estimated Return Amended Return	TJ673-07-0-R VOIP Enterprises Inc. % STi Prepaid LLC 30-50 Whitestone Expresswa	070302-77	\$ 700 00 06-03-001 \$ P 06-03-001
PERIOD COVERED: 01/01/2007 TO 12/31/2007	Flushing, NY 11354-1995		\$ 004011
Records	DEPOSI	T DATE	Postmark Date _ 5-14-07
Records Pavla	Please Complete Below If Official Ma	MAY 2 1 2007	Initials of Preparer
VOID ENTERDRISES (Name of Company)	INC 30-50Unitesto	ME EXPLOY, 4th FL	Pushing, NY 11354 (City/State) (Zip)
LINE NO. ACCOU	NT CLASSIFICATION	FLORIDA O OPERATING R	
 Long Distance Services Access Services 		s <u> </u>	- \$ <u>-0-</u>
3. Private Line Services Leased Facilities & Circuit	s Services		
5. Miscellaneous 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)			
TOTAL AMOUNT DUE	TOTAL AMOUNT DUE (\$700 MINIMUM)		
(1) These amounts must be (2) Regardless of the gros Section 364.336, Flori	e <u>intrastate only</u> and must be verifiable (see s operating revenue of a company, a minimuda Statutes.	"2. Fees" on back). um annual regulatory assessment fe	e of \$700 shall be imposed as provided in
es (to 100 to 1 to 100	CURRENT COM		
Facilities-Based Carrier Alternate-Operator Service	() Reseller () Rebiller	() Call Aggregator () Other: () ()	operating Company
Complete below if billing agent is other	BILLING INF	ORMATION	()
(Name) What is the total amount of customer de Amount: \$ for 20	posits collected?		(Telephone) otal amount of bond held (if applicable)? Expires:
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COMPANY IN	FORMATION	
Do you lease telecommunications' facili If YES, who do you lease these facilities Address:			
information is a true and correct stateme	ent. I am aware that pursuant to Section 83 he performance of his/her duty shall be guil	7.06, Florida Statutes, whoever known	the best of my knowledge and belief the above owingly makes a false statement in writing with degree. 5/0/2007 (Date)
Jenni Parti (Preparer of Form - Please	idae Telephone N	Tumber 718 358-539 11-358 96 0 8	Fax Number 7/8 732-775 / DOCUMENT NUMBER - LATE

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