

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2007 TO 07/03/2007

Paula + Records

TI983-07-0-R
 Telephone Systems of Georgia, Inc.
 1013 S. Martin Luther King Jr. Blvd.
 Tallahassee, FL 32301-2242 *080010-TI*

DEPOSIT
 797 • JAN 09 2008

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 8140
 \$ 700.00 06-03-001 003001
 \$ _____ E
 \$ _____ P 06-03-001 004011
 \$ _____ I

Postmark Date 12-27-07
 Initials of Preparer PE

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ <u>0</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ <u>0</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	\$ <u>0</u>
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 (\$700.00 MINIMUM)	_____	\$ <u>700.00</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 \$700 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.

Sharon Allen Corp. Officer 12/27/07
 (Signature of Company Official) (Title) (Date)

Telephone Number (850) 521 2056 Fax Number _____
 F.E.I. No. 59-2651767

DOCUMENT NUMBER DATE
 00039 JAN-28

FPSC-COMMISSION CLERK

December 27, 2007

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Attn: Paula Isler

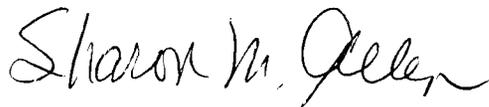
RE: Certificate #TI983-07-0-R

Dear Ms. Isler:

This is to request that the Florida Public Service Commission cancel the above referenced Certificate effective immediately.

Our office at 1013 M.L. King Blvd., South, Tallahassee, Florida 32301 has closed. If it is necessary to contact us by phone, please call 850 521-2055. You can send any necessary correspondence to 1984 Charlais Street, Tallahassee, Florida 32317.

Yours truly,



Sharon M. Allen
Corporate Officer

w/enclosure - IXC Reg. Assess Return
✓ # 8140 - \$ 700.00