

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2007 TO 12/31/2007

(See Filing Instructions on Back of Form)

TX248-07-0-R
 Tallahassee Telephone Exchange, Inc.
 P. O. Box 11042
 Tallahassee, FL 32302-3042

050000

FOR PSC USE ONLY

Check # No Check!

\$ _____ 06-03-001
 003001

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

Postmark Date _____
 Initials of Preparer _____

Records & Paula

Please Complete Below If Official Mailing Address Has Changed

Tallahassee Telephone Exchange, PO Box 11042, Tall, FL 32302

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>288738.13</u>	\$ _____
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ <u>286,355.98</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		<u>239,971.52</u>
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ <u>46,384.46</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		<u>92.74</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>69.58</u>
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
13.	Extension Payment Fee (see "4. Extension" on back)		_____
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)		\$ <u>600</u> ⁽³⁾

- (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
- (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
- (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Provider
- Reseller
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
 If YES, who do you lease these facilities from? Name: Sprint/Embarg
 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 official duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official) (Title) Pres 2/2/08

 (Preparer of Form - Please Print Name) Telephone Number 800445-7071 Fax Number 90936 FEB 6 8

F.E.I. No. _____ FPSC-COMMISSION CLERK

RECEIVED-FPSC
 FEB - 6 PM 1:37
 COMMISSION CLERK