

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2006 TO 12/31/2006

(See Filing Instructions on Back of Form)

~~TX697-06-0-R~~
TX697-07-0-R
 American Phone Services Corp.
 308 Maxwell Road, Suite 100
 Alpharetta, GA 30004-2062

Docket # 08846-TX

FOR PSC USE ONLY

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

Postmark Date **No Check!**
 Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
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	_____	\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies⁽²⁾	_____	_____
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	\$ _____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)	_____	_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
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 (\$50 MINIMUM)	_____	\$ _____ ⁽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 \$50 shall be imposed as provided in 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: _____

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) (Date)

 (Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

F.E.I. No. _____

RECEIVED-REGISTRATION
 08 OCT 23 PM 12:53
 COMMISSION CLERK
 03/13/2008

FPSC-COMMISSION CLERK



Florida Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850
Attn:

Pursuant to your letter stating that we have not paid our 2007 Regulatory Assessment Fee, we are enclosing proof of payment that we submitted on 3/28/08.

We hope that this clears up any outstanding issues. If you still have questions, please don't hesitate to call me at 770-569-1213.

Sincerely

Riccardo Ferranti

Riccardo Ferranti
President
American Phone Services

RECEIVED
DIVISION OF
ADMINISTRATIVE SERVICES
08 OCT - 2 AM 10:09

AMERICAN PHONE SERVICES, INC.

1284

Florida Public Service Commission

Date	Type	Reference
3/13/2008	Bill	2007

Original Amt.
50.00

Balance Due
50.00

3/28/2008

Discount

Check Amount

Payment
50.00
50.00

PAYMENT
RECORD

Bank of North Georgia TX697 - 06-0-R-2007

50.00

558380 (1/07)

302

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TX697-07-0-D
 American Phone Services Corp.
 308 Maxwell Road, Suite 100
 Alpharetta, GA 30004-2062

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Handwritten Signature]* Agent
 Addressee

B. Received by (Printed Name)
 L. LANCHESTER

C. Date of Delivery
 2/25/07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7006 2760 0003 8794 3565**