

Interexchange Company Regulatory Assessment Fee Return 100000-0T

Florida Public Service Commission **RECEIVED** **FPSC** **FOR PSC USE ONLY**

STATUS:
 Actual Return
 Estimated Return
 Amended Return

(See Filing Instructions on Back of Form)

TJ709-09-0-R
 NECC Telecom, Inc.
 % MGM Consulting Services, LLC
 4969 U.S. Highway 42, Suite 2700
 Louisville, KY **DEPOSIT DATE**
 10 JAN 21 PM 4:03
 D 9 8 2 JAN 21 2010

Check # 0060006712
403.00 06-03-001
 003001
 COMMISSION _____ E
 CLERK _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 1-15-2010
 Initials of Preparer er

PERIOD COVERED:
 01/01/2009 TO 12/31/2009

NORANGE
NANGE

Please Complete Below If Official Mailing Address Has Changed

NECC Telecom Inc. 3100 Cumberland Blvd. #900 Atlanta GA 30339
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>774,705.34</u>	\$ <u>43,207.01</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>774,705.34</u>	\$ <u>43,207.01</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	\$ <u>43,207.01</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)	_____	<u>86.41</u>
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 MIN.</u> ⁽²⁾

COM _____
 APA _____
 ECR _____
 GCL _____
 RAD _____
 SSC _____
 ADM _____
 OPC _____
 CLK N. Grant

(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.

Susan Cockerham Attorney in FACT 1/16/2010
 (Signature of Company Official) (Title) (Date)

Susan Cockerham Telephone Number (770) 956-7625 Fax Number (770) 956-0700
 (Preparer of Form - Please Print Name)

F.E.I. No. 30-0025116

DOCUMENT NUMBER - DATE
 00515 JAN 21 01
 FPSC-COMMISSION CLERK