

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

Date:	4/22/2010	Docket No.:	100200 TX
1. From Staff / Division:	Pruitt/ Rad		
2. OPR:	RAD		
3. OCR:	GCL		
4. Suggested Docket Title:	Compliance investigation of CLEC Certificate No. 6070, issued to Atlantic.Net Broadband, Inc., for apparent first-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.		
5. Program/Module/Submodule Assignment:	A18a, A10		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation
Comments:			

COMMISSION CLERK
10 APR 22 PM 3:35
RECEIVED-FPSC

COM _____
 APA _____
 ECR _____
 GCL _____
 RAD _____
 SSC _____
 ADM _____
 OPC _____
 CLK NB _____

JUNE NUMBER-DATE
 03141 APR 22 e
 G:\Compliance ESTABLISH DOCKET.doc
 FPSC-COMMISSION CLERK

TX283-09-0-D

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:

TX283
Atlantic.Net Broadband, Inc.
440 Kennedy Blvd., Suite 3
Orlando, FL 32810-6277

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Danielle Ruiz Agent Addressee

B. Received by (*Printed Name*)

Danielle Ruiz

C. Date of Delivery

2/24/2010

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*)

7009 3410 0002 4112 0745

Regulatory Assessment Fee History Form

History History 2 Statistics Comments Forms Mailing Company Accounts Dockets Consumer

Company Identification

Complete Name: Atlantic.Net Broadband, Inc.

Mailing Name: Atlantic.Net Broadband, Inc.

Company Code: TX283 Regulated: 04/17/1999 Inactive:

History Summary Information

RAF Period Covered: 01/01/2009-12/31/2009 CLX Service: CLX

Description	RAF Period	Postmark	Amount
Delinquent letter generated	01/01-12/31/2009	02/17/2010	
RAF form generated	01/01-12/31/2009	12/07/2009	

Isolate: All Entries

Isolate Print/Preview Edit Document Image Cancel

1 of 1

Modification Log

02/17/2010

Last modification was made on Wednesday, February 17, 2010 at 3:30 PM by David Brown

Competitive Local Exchange 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:

01/01/2009 TO 12/31/2009

TX283-09-0-R
 Atlantic.Net Broadband, Inc.
 440 Kennedy Blvd., Suite 3
 Orlando, FL 32810-6277

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY!
 Check # No Check!
 \$ _____ 06-03-001 003001
 \$ _____ E
 \$ _____ P 06-03-001 004011
 \$ _____ I
 Postmark Date _____
 Initials of Preparer _____

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>0.00</u>	\$ <u>0.00</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>0.00</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		_____
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ <u>0.00</u>
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 (\$600.00 MINIMUM)		\$ <u>600.00</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 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.

Jason Griner
 (Signature of Company Official)

Accounting Manager
 (Title)

1/22/2010
 (Date)

Jason Griner
 (Preparer of Form - Please Print Name)

Telephone Number (321) 266-3737 Fax Number (321) 234-0816

F.E.I. No. _____