

120000-07

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 07/30/2012
Local Telephone Service Provider Regulatory Assessment Fee Return

RECEIVED - FPSC

Florida Public Service Commission

STATUS: 12 JUL 17 PM 2:37 (See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED: 01/01/2012 TO 06/30/2012

TX631-12-1-R
 Bright House Networks Information Services
 (Florida), LLC
 Orlando Corporate Office
 301 East Pine Street, Suite 200
 Orlando, FL 32801-2755

DATE DEPOSIT
JUL 17 2012 2 55

FOR PSC USE ONLY

Check # 000017126
 \$ 49,667.35 06-03-001
 003001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 7-11-12
 Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

Records

Bright House Networks Information Services (Name of Company) 4145 S. Falkenburg Rd Suite 7 (Address) Riverview, FL (City/State) 33578 (Zip)

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ <u>34,322,706</u>	\$ <u>34,322,706</u>
2.	Network Access Revenues	<u>6,687,495</u>	<u>262,813</u>
3.	Long Distance Network Services Revenues	_____	_____
4.	Miscellaneous Revenues	_____	_____
5.	TOTAL REVENUES	\$ <u>41,010,201</u>	\$ <u>34,585,519</u>
6.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾		<u>3,543,427</u>
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		\$ <u>31,042,092</u>
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾		<u>49,667.35</u>
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
11.	Extension Payment Fee (see "4. Extension " on back)		_____
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)		\$ <u>49,667.35</u>

(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 \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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] (Signature of Company Official) Sr Director of Finance (Title) 7/9/12 (Date)
Susan Alfonso (Preparer of Form - Please Print Name) Telephone Number 813 387-3600 Fax Number 813 472-1160
 F.E.I. No. 59-3758339

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DOCUMENT NUMBER-DATE
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