

Interexchange Company Regulatory Assessment Fee Return

DIVISION OF REGISTRATION
Florida Public Service Commission
(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/1999 TO 04/30/1999

TJ135
 Discounted Long Distance
 9040 Executive Park Drive, Suite 102
 Knoxville, TN 37923

2000 JAN 18 AM 9:28

DATE JAN 18 2000

FINAL RETURN

FOR PSC USE ONLY

Check# 1940

\$ 50.00 0603001
 003001
 P
 0603001
 004011
 I

Postmark Date 1/12/00
 Initials of Preparer MC

✓ Please Complete Below If Official Mailing Address Has Changed

DISCOUNTED LONG DISTANCE, INC. P.O. BOX 10628 KNOXVILLE, TN 37939
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 1816	\$ 690
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 1816	\$ 690
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		690
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		1.04
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.	TOTAL AMOUNT DUE		\$ 50.00

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

AFA _____

APP _____

CAF Facilities-Based Carrier () Reseller* () Call Aggregator

CMU Alternate-Operator Service () Rebiller (✓) Other: COMPANY WAS SOLD ON 4-30-99. FORMERLY CONDUCTED INTERSTATE COMMERCIAL

CTR _____

EAG _____

BILLING INFORMATION IN FLORIDA AS A RESELLER

Complete below if billing agent if other than yourself.

Name: N/A (Name) Address: _____ (Address: City/State/Zip) Telephone: _____ (Telephone)

What is the total amount of customer deposits collected? Amount: \$ _____ for 19 _____

What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

OTH

Name **Discounted Long Distance, Inc.** Account No. **Knoxville, TN 37939-0628** 1940

DATE **January 11, 2000** 87-419/642-21

PAY TO THE ORDER OF **Florida Public Service Commission** \$ **50.00**

Fifty & 00/100 DOLLARS

BankFirst KNOXVILLE, TENNESSEE

DOCUMENT NUMBER-DATE **00774 JAN 19 2000** Cheryl Sammons

FOR **TJ135**

⑈001940⑈