

991770-71

# Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/1999 TO  
12/31/1999

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ069  
Nexstar Communications, Inc.  
2424 North Federal Highway, Suite 205  
Boca Raton, FL 33431-7746  
Dep # 309 6/15/00

FOR PSC USE ONLY	
Check#	31166
\$	345.27
\$	51.79
\$	10.36
Postmark Date	6-12-00
Initials of Preparer	VM

Please Complete Below If Official Mailing Address Has Changed

Nexstar Communications, Inc. 2424 N. Federal Hwy Suite 205  
(Name of Company) (Address)

(City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 3,117,966	\$ 230,179
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	<b>TOTAL Telephone Services</b>	\$ 3,117,966	\$ 230,179
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>		230,179
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		345.27
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		51.79
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		10.36
12.	<b>TOTAL AMOUNT DUE</b>		\$ 407.42

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

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

CMP/Isler-1  
LEG/Pene-1  
Sec-1

### CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- Other:

### BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (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:

### COMPANY INFORMATION

Do you lease telecommunications facilities?  YES  NO  
If YES, who do you lease these facilities from? Name:  
Address:

DOCUMENT NUMBER DATE  
07302 JUN 14 98  
FPSC-RECORDS/REPORTING

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.

Daniel J. Kelly President 6/15/2000  
(Signature of Company Official) (Title) (Date)  
Leslie T. Frieder (Preparer of Form - Please Print Name) Telephone Number (813) 417-3244 Number (371) 7

F.E.I. No.