

ORIGINAL

**Corporate Calling Services, Inc.**  
**1601 East Flamingo Road, Suite 18-109**  
**Las Vegas, Nevada 89119**

Ms. Blanco Bayo  
Director, Division of Records and Reporting  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

Re: Regulatory Assessment Fee - Docket No. 001298-TI

Dear Ms. Bayo:

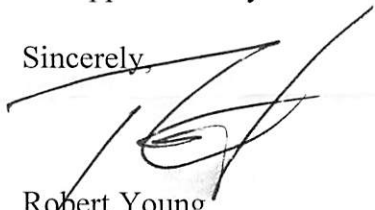
Check number 1668 in the amount of \$67.50 for the 1999 RAF was sent on Tuesday, October 3, 2000. In reference to the above docket number, I would like to propose a settlement of \$100.00 to keep our certificate from being revoked.

We currently have no customers in Florida nor have we ever had any customers in Florida.

We had sent the Interexchange Company Regulatory Assessment Fee Return in January 2000 and again in March 2000. The intrastate revenues were \$0.00. We did, however, neglect to include our \$50.00 fee due to the fact that we made a mistake by overlooking the request for the minimum fee required. I would like to suggest that the request for the minimum fee of \$50.00 is included after line 11 and before the "Total Amount Due", we will be able to see the request more clearly, and it will avoid any late payments in the future. We apologize for the mistake made on our part.

We appreciate any assistance you may afford us.

Sincerely,



Robert Young  
President

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP  \_\_\_\_\_
- CCM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG  \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC  \_\_\_\_\_
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

RY:amc

*Day* *Diane 10/19/00*

DOCUMENT NUMBER-DATE  
**13143 OCT 17 8**  
FPSC-RECORDS/REPORTING

# Interexchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:  
 Actual Return  
 Estimated Return  
 Amended Return

TJ063  
 Corporate Calling Services, Inc.  
 1601 East Flamingo Road, Suite 18-109  
 Las Vegas, NV 89119

**FOR PSC USE ONLY**  
 Check# \_\_\_\_\_  
 \$ \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 003001  
 \$ \_\_\_\_\_ P  
 \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

PERIOD COVERED:  
 01/01/1999 TO  
 12/31/1999

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

| LINE NO. | ACCOUNT CLASSIFICATION   | FLORIDA                 |                    |
|----------|--|-------------------------|--------------------|
|          |  | GROSS OPERATING REVENUE | INTRASTATE REVENUE |
| 1.       | Long Distance Services   | \$ 0                    | \$ 0               |
| 2.       | Access Services  | 0                       | 0                  |
| 3.       | Private Line Services  | 0                       | 0                  |
| 4.       | Leased Facilities & Circuits Services  | 0                       | 0                  |
| 5.       | Miscellaneous Services   | 0                       | 0                  |
| 6.       | TOTAL Telephone Services   | \$ 0                    | \$ 0               |
| 7.       | LESS: Amounts Paid to Other Telecommunications Companies*<br>(see "2. Fees" on back) | ( 0 )                   | ( 0 )              |
| 8.       | TOTAL REVENUES For Regulatory Assessment Fee Calculation                             |                         |                    |
| 9.       | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)                            |                         |                    |
| 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)             |                         |                    |
|          | TOTAL AMOUNT DUE   |                         | \$ 0               |

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

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

### 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: \$ 0 for 1999

What is the total amount of bond held (if applicable)?

Amount: \$ 0 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.

(Signature of Company Official)

PRESIDENT (Title)

1/27/00 (Date)

(Preparer of Form - Please Print Name)

Telephone Number ( )

Fax Number ( )

F.E.I. No. \_\_\_\_\_

03/24/2000 10:57 0000000

AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 10/31/1999.

# Interexchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

DATE IS:

Actual Return  
 Estimated Return  
 Amended Return

PERIOD COVERED:  
 1/01/1999 TO 12/31/1999

TJ063  
 Corporate Calling Services, Inc.  
 1601 East Flamingo Road, Suite 18-109  
 Las Vegas, NV 89119

| FOR PSC USE ONLY     |         |
|----------------------|---------|
| Check#               |         |
| \$                   | 0603001 |
|                      | 003001  |
| \$                   | P       |
|                      | 0603001 |
|                      | 004011  |
| \$                   | 1       |
| Postmark Date        |         |
| Initials of Preparer |         |

Please Complete Below If Official Mailing Address Has Changed

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

| LINE NO. | ACCOUNT CLASSIFICATION   | FLORIDA                 |                    |
|----------|--|-------------------------|--------------------|
|          |  | GROSS OPERATING REVENUE | INTRASTATE REVENUE |
| 1.       | Long Distance Services   | \$ 0                    | \$ 0               |
| 2.       | Access Services  | 0                       | 0                  |
| 3.       | Private Line Services  | 0                       | 0                  |
| 4.       | Leased Facilities & Circuits Services  | 0                       | 0                  |
| 5.       | Miscellaneous Services   | 0                       | 0                  |
| 6.       | TOTAL Telephone Services   | \$ 0                    | \$ 0               |
| 7.       | LESS: Amounts Paid to Other Telecommunications Companies*<br>(see "2. Fees" on back) | ( 0 )                   | ( 0 )              |
| 8.       | TOTAL REVENUES For Regulatory Assessment Fee Calculation                             |                         |                    |
| 9.       | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)                            | 0                       | 0                  |
| 10.      | Penalty for Late Payment (see "3. Failure to File by Due Date" on back)              | 0                       | 0                  |
| 11.      | Interest for Late Payment (see "3. Failure to File by Due Date" on back)             | 0                       | 0                  |
|          | TOTAL AMOUNT DUE   |                         | \$ 0               |

These amounts must be intrastate only and must be verifiable.

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

### 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: \$ 0 for 19 \_\_\_\_\_

What is the total amount of bond held (if applicable)?  
 Amount: \$ 0 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 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.

(Signature of Company Official)

President (Title)

3/24/00 (Date)

(Preparer of Form - Please Print Name)

Telephone Number 888-299-6618 Fax Number 888-299-6619

F.E.I. No. 86-0387150