



Mrs. Bayo  
October 17, 2000  
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We appreciate your consideration of this offer. If you have any questions, please contact me at 425-6365.

Sincerely,

A handwritten signature in black ink, appearing to read "Marsha Rule", with a horizontal line extending to the right from the end of the signature.

Marsha Rule

Enclosures

cc: Paula Isler

## Alternative Local Exchange Company Regulatory Assessment Fee Return

**STATUS:**

- Actual Return  
 Estimated Return  
 Amended Return

**PERIOD COVERED:**  
01/01/99 TO 12/31/99

### Florida Public Service Commission

(See Other Instructions on Back of Form)

TX014

MediaOne Florida Telecommunications, Inc.  
7800 Belfort Parkway, Suite 270  
Jacksonville, FL 32256-6925

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603  
\_\_\_\_\_ 0031  
\$ \_\_\_\_\_ P  
\_\_\_\_\_ 0603  
\_\_\_\_\_ 004C  
\$ \_\_\_\_\_ I

Forward Date \_\_\_\_\_

Initial of Preparer \_\_\_\_\_

Please Complete Below if Official Mailing Address Has Changed

AT&T BROADBAND (FORMERLY MEDIANE)  
(Name of Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 2,678,628	\$ 2,678,628
2.	Long Distance Services (IntraLATA only)**	100,134	100,134
3.	Access Services	3,198,152	3,198,152
4.	Private Line Services	528,879	528,879
5.	Local Facilities & Circuit Services		
6.	Miscellaneous Services	726,926	726,926
7.	<b>TOTAL REVENUES</b>		\$ 7,232,719
8.	LESS: Amount Paid to Other Telecommunications Companies* (see "2. Fee" on back)		(1,752,149)
9.	Net IntraState Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		5,480,570
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		8,220.86
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		2,055.21
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		737.88
13.	<b>TOTAL AMOUNT DUE</b>		\$ 11,015.95

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

\*\* Other long distance revenue must be based on the IntraState Regulatory Assessment Fee Return.

**AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$30**

#### 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 true and correct statement. I am aware that pursuant to Section 337.06, 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.

Brian G. Carvell  
(Signature of Company Official)

DIRECTOR, NEW PRODUCT LAUNCH  
(Title)

9-28-00  
(Date)

BRIAN G. CARVELL MGR. OF FINANCE  
(Proposer of Form - Please Print Name)

Telephone Number (954) 533 5117 Fax Number (954) 533 5128

F.R.I. No. \_\_\_\_\_

