

undocketed



SBC COMMUNICATIONS, INC.  
AND PARTICIPATING COMPANIES  
SBC TELECOM, INC.

|         |       |     |      |
|---------|-------|-----|------|
| 1197-09 | MONTH | DAY | YEAR |
| 82-26   | 3     | 28  | 01   |
| 311     |       |     |      |

2480500054

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION



IN PAYMENT OF:  
2000 ASSESSMENT FEE (ALCC)

VOID AFTER ONE YEAR FROM CHECK DATE

Crane Manhattan Bank Delaware  
1201 Market Street  
Wilmington Delaware 19801

*John S. Schwartz*  
AUTHORIZED SIGNATURE



DOCUMENT NUMBER-DATE  
03929 MAR 29 01  
FPSC-RECORDS/REPORTING

IF YOU ARE FILING THIS FORM UNDER THE REGULATORY ASSESSMENT FEE RETURN, IT MUST BE FILED ON OR BEFORE 01/30/2001

### Alternative Local Exchange Company Regulatory Assessment Fee Return

**STATUS:**

- \_\_\_\_\_ Actual Return
- \_\_\_\_\_ Estimated Return
- \_\_\_\_\_ Amended Return

**PERIOD COVERED:**  
01/01/2000 TO 12/31/2000

### Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX309  
 SBC Telecom, Inc.  
 Suite 125, 1-Q-01  
 5800 Northwest Parkway  
 San Antonio, TX 78249

**FOR PSC USE ONLY**

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

\$ \_\_\_\_\_ 0603006  
 \_\_\_\_\_ 003001  
 \$ \_\_\_\_\_ P  
 \_\_\_\_\_ 0603006  
 \_\_\_\_\_ 004011  
 \$ \_\_\_\_\_ I

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.       | Basic Local Services  | \$ [REDACTED]           | \$ [REDACTED]      |
| 2.       | Long Distance Services (IntraLATA only)**   | [REDACTED]              | [REDACTED]         |
| 3.       | Access Services   | [REDACTED]              | [REDACTED]         |
| 4.       | Private Line Services   | [REDACTED]              | [REDACTED]         |
| 5.       | Leased Facilities & Circuits Services   | [REDACTED]              | [REDACTED]         |
| 6.       | Miscellaneous Services  | [REDACTED]              | [REDACTED]         |
| 7.       | TOTAL REVENUES  | [REDACTED]              | [REDACTED]         |
| 8.       | LESS Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)                | [REDACTED]              | [REDACTED]         |
| 9.       | Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8) | [REDACTED]              | [REDACTED]         |
| 10.      | Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)                                       | [REDACTED]              | [REDACTED]         |
| 11.      | Penalty for Late Payment (see "3. Failure to file by Due Date" on back)                         | [REDACTED]              | [REDACTED]         |
| 12.      | Interest for Late Payment (see "3. Failure to file by Due Date" on back)                        | [REDACTED]              | [REDACTED]         |
| 13.      | TOTAL AMOUNT DUE  | [REDACTED]              | [REDACTED]         |

\* These amounts must be intrastate only and must be verifiable.  
 \*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return

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

Facilities-Based Provider

**CURRENT COMPANY STATUS**  
 Reseller  
 Other \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent if 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: Bell South - PRO-CASS

Address: P.O. Box 105373 Atlanta, GA 30348

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 317.06, 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] (Signature of Company Official) V.P. Finance (Title) 3/22/01 (Date)

Marisa Bernudes-Velasquez (Preparer of Form - Please Print Name) Telephone Number (404) 441-1245 Fax Number (770) 441-3583

FEI No 74-2899363