



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

| | | | |
|-------|-------|-----|------|
| 19709 | MONTH | DAY | YEAR |
| 62 26 | ? | 28 | 07 |
| 31 | | | |

2480500055

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION

\$

(NOT VALID OVER SIX THRU...)

IN PAYMENT OF

3000 ASSESSMENT FEE (INTERLOCAL)

VOID AFTER ONE YEAR FROM CHECK DATE

John Schmitt
AUTHOR: [Redacted]

These Markets: B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UU, UV, UW, UX, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ

DOCUMENT NO.
03930-01

IF YOU ARE AN OWNER/OFFICER OF THE COMPANY, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED BY THE DUE DATE, 01/30/2001.

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
07/18/2000 TO 12/31/2000

TJ372
 SBC Telecom, Inc.
 Suite 125, 1-S-20
 5800 Northwest Parkway
 San Antonio, TX 78249
 DATE: APR 09 2001

FOR PSC USE ONLY
 Check# 2480500055
 \$ 50.00 0603001
 \$ 5.00 003001
 \$ 1.10 0603001
 \$ 004011
 Postmark Date 3/29/01
 Initials of Preparer MC

DO NOT WRITE IN THESE SPACES
 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 | \$ [REDACTED] | \$ [REDACTED] |
| 2 | Access Services | [REDACTED] | [REDACTED] |
| 3 | Private Line Services | [REDACTED] | [REDACTED] |
| 4 | Leased Facilities & Circuits Services | [REDACTED] | [REDACTED] |
| 5 | Miscellaneous Services | [REDACTED] | [REDACTED] |
| 6 | TOTAL Telephony Services | \$ [REDACTED] | \$ [REDACTED] |
| 7 | LESS Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | [REDACTED] | [REDACTED] |
| 8 | TOTAL REVENUES For Regulatory Assessment Fee Calculation | [REDACTED] | [REDACTED] |
| 9 | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) | [REDACTED] | [REDACTED] |
| 10 | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | [REDACTED] | [REDACTED] |
| 11 | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | [REDACTED] | [REDACTED] |
| 12 | TOTAL AMOUNT DUE | [REDACTED] | [REDACTED] |

* These amounts must be intrastate only and must be verifiable

AS PROVIDED IN SECTION 364.335, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities Based Carrier
- Alternate Operator Service
- Reseller
- 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: \$ [REDACTED] for [REDACTED]

What is the total amount of bond held (if applicable)? Amount: \$ 25,000 Expires: N/A

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO

If YES, who do you lease these facilities from? Name: Bell South - 1200 P.O. Box 105397 Atlanta, GA 30348

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: [Signature] Title: U.P. Financial Date: 3/22/01

Preparer of Form - Please Print Name: Clarissa Bernades-Velasquez Telephone Number: (810) 671-3545 Fax Number: (810) 671-3542

FEL No: 71-3899863