

010000-PU RJK

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE **FIELD(2)**

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

FIELD(3)

1/1/2000 TO
12/31/2000

FIELD(1) 01 MAY - 3 11:11:12
TJ027
TELESTAR LONG-DISTANCE, INC.
4419 FLOYD ROAD
MABLETON, GA 30126
DEPOSIT DATE
DOGS MAY 04 2001

FOR PSC USE ONLY
Check# 1330
\$ 50.00 0603001
\$ 12.50 003001
\$ 5.00 0603001
004011
Postmark Date 5/2/01
Initials of Preparer RC

Please Complete Below if Official Mailing Address Has Changed

(Name of Company) P.O. Box 807, JACKSON, MS 39205 (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* (see "2. Fees" on back)	0	0
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	0	0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		50.00 MINIMUM
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		12.50
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		5.00
12.	TOTAL AMOUNT DUE		\$ 67.50

* 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 12/31/2000
 What is the total amount of bond held (if applicable)? Amount: \$ 0 Expires:

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES (X) 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.

R. Scott Sears (Signature of Company Official) VP-Regulatory Affairs (Title) 5/2/01 (Date)

R. SCOTT SEARS (Preparer of Form - Please Print Name) Telephone Number (719) 633-3055 Fax Number (719) 623-0287

F.E.I. No. 58-22696 DOCUMENT NUMBER-DATE

05683 MAY-4 01

FPSC-RECORDS/REPORTING

REP
CAF
CMP
CCM
CTR
ECR
REG
OPC
PAI
KGO
SEC
SER
OTH