

VR

*P&I
For
1995, 96, 97 & 98*

001226
T1339

2001 APR 23 AM 11:08
DIVISION OF COMPETITIVE SERVICES
CK 10707
#30.00-P
12.00-I
010000-PU 4/23/01 No postmark
me

Paula Isler
Florida State Public Service Commission
2540 Shumark Oak Blvd.
Tallahassee, FL 32399-0850

VIA US MAIL

April 18, 2001

Re: *Company Code* **T1339**

DEPOSIT DATE
D086 MAY 09 2001

Dear Ms: Isler:

Thank you for your facsimile dated April 2, 2001 regarding the Florida Public Service Commission (Florida PSC) license of Hemisphere Telephone Services, Company Code T1339 (the "Company").

Enclosed please find the following:

- 1) Check for \$221 payable to the Florida PSC. This payment covers the following P&I and RAF charges:

1995 P&I	\$21
1996 P&I	\$15
1997 P&I	\$3
1998 P&I	\$3
1999 P&I, RAF	\$70
2000 P&I, RAF	\$59
2001 RAF	\$50
- 2) Interexchange Company Regulatory Assessment Fee Return for 1999, 2000 and 2001.

We understand that the Florida PSC license of the Company was cancelled effective on January 23, 2001, and that the foregoing payment of \$221 and RAF returns fulfill all of the outstanding obligations of the Company with respect to the Florida PSC.

If this is incorrect, or if you have any questions or comments regarding the enclosed, please contact Nader Mousavi or Robert Chow at telephone (978) 323-3300, or by facsimile at (978) 323-3500.

Best regards,

Nader Mousavi
Nader Mousavi

Docket No. 001226-T1

___	ADM
___	ASST
___	CLERK
___	COM
___	CON
___	CR
___	DIR
___	ENG
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___	FIN
___	GEN
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___	LAB
___	LEG
___	LOG
___	MAN
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___	PRO
___	REG
___	SEC
___	SER
___	OTH

DOCUMENT NUMBER-DATE
05818 MAY-8
FPSC-RECORDS/REPORTING



Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

ROR

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TI339
 Hemisphere Telephone Services
 200 North Andrews Avenue
 Ft. Lauderdale, FL 33301-1018

D066 MAY 09 2001

FOR PSC USE ONLY

Check# 10707

\$ 50.00 0603001
 12.50 003001
 P 0603001
 004011
 \$ 7.50

Postmark Date 4/23/01 No postmark
 Initials of Preparer MC

PERIOD COVERED:

01/01/1999 TO 12/31/1999

Please Complete Below If Official Mailing Address Has Changed

Hemisphere Investments, Inc. 900 CHELMSFORD ST, TOWER THREE LOWELL, MA 01851
 parent company to Technology Control Services, successor to Hemisphere Telephone Services 10th FLOOR (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
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	12.50	50.00 MINIMUM
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	7.50	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	TOTAL AMOUNT DUE		\$ 70.00

* 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 () Rebillor () 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: \$ _____ for 19 _____
 What is the total amount of bond held (if applicable)? Amount: \$ _____ 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.

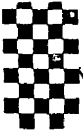
(Signature of Company Official)

Secretary 4-10-01
 (Title) (Date)

DANIEL CLARK
 (Preparer of Form - Please Print Name)

Telephone Number 978, 323-3382 Fax Number 978, 323-3403

F.E.I. No. 65-0492136



VOID PENALTY AND INTEREST CHARGES. THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

AR

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TI339
 Hemisphere Telephone Services
 200 North Andrews Avenue
 Ft. Lauderdale, FL 33301-1048
 DEPOSIT
 D066 MAY 09 2001

FOR PSC USE ONLY
 Check# 10707
 \$ 50.00 0603001
 \$ 7.50 003001
 P
 0603001
 004011
 \$ 1.50
 Postmark Date 4/23/01 *No Postmark*
 Initials of Preparer MC

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

Please Complete Below If Official Mailing Address Has Changed

Hemisphere Investments, Inc. 900 CHELMSFORD ST, TOWER THREE LOWELL, MA 01851
 (Address) 10th FLOOR (City/State) (Zip)
 *parent company of Technology Control Services, Inc., successor to Hemisphere Telephone Services

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
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)	7.50	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	1.50	
12.	TOTAL AMOUNT DUE		\$ 59.00

* 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
- Call Aggregator
- Rebiller
- 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: \$ _____ for 19 _____
 What is the total amount of bond held (if applicable)? Amount: \$ _____ 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] (Signature of Company Official) Secretary (Title) 4-10-01 (Date)
DANIEL CLARK (Preparer of Form - Please Print Name)
 Telephone Number 978, 323-3382 Fax Number 978, 323-3403
 F.E.I. No. 65-0492136



VOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2000

Interexchange Company Regulatory Assessment Fee Return

STATUS:

RJR

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2001 To 01/23/2001

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TI339
 Hemisphere Telephone Services
 200 North Andrews Avenue
 Ft. Lauderdale, FL 33301-1018
 DEPOSIT
 D066 MAY 09 2001

FOR PSC USE ONLY
 Check# 10707
 \$ 50.00 0603001
 003001
 \$ _____ P
 0603001
 004011
 \$ _____ I
 Postmark Date 4/23/01 No postmark
 Initials of Preparer RJR

Please Complete Below If Official Mailing Address Has Changed

* HEMISPHERE INVESTMENTS, INC 900 CHELMSFORD ST, TOWER THREE LOWELL, MA 01851
 parent company of Technology Control Services, Inc. (Address) FLOOR 10 (City/State) (Zip)
 successor to Hemisphere Telephone Services

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)	0	50.00 MINIMUM
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0	
12.	TOTAL AMOUNT DUE		\$ 50.00

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

None

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

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Alternate-Operator Service
- Rebillor
- Call Aggregator
- Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____
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COMPANY INFORMATION

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[Signature] (Signature of Company Official) Secretary (Title) 4-10-01 (Date)
DANIEL CLARK (Preparer of Form - Please Print Name) Telephone Number 978, 323-3382 Fax Number 978, 323-3403
 F.E.L. No. 65-0492136