

TO AVOID 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

CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

T1699-00-0-R
 StormTel, Inc.
 18489 U.S. Highway 19, North
 Clearwater, FL 33764-2702

Docket No. 010913-T1

FOR FPC USE ONLY

Checket 2956

\$ 184.82 0603001
 009001

\$ 46.20 P 0603001
 004011

\$ 12.92

Postmark Date 8/20/01

Initials of Preparer MC

PERIOD COVERED:

01/01/2000 TO 12/31/2000

DEPOSIT

DATE

D110

AUG 22 2001

Please Complete Below If Official Mailing Address Has Changed

3545 UNIVERSAL PLAZA

NEW PORT RICHEY FL

34652

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 275,741.76	\$ 123,211.88
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$	\$
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		184.82
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		46.20
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	25%	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	7%	
12.	TOTAL AMOUNT DUE		\$ 12.92
			243.94

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
- 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: \$ _____ 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: _____

APP Address: _____

CAF _____

CMF _____

COM 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.

LEB: James R. Barber
 (Signature of Company Official)

CFD
 (Title) _____ (Date) 8/20/01

PAI _____
 RGO _____ (Preparer of Form - Please Print Name)

Telephone Number: 877-667-3463 Fax Number: 877-329-4826

SEC _____

F.E.I. No. 65-0759103

SER _____

OTH _____

DOCUMENT 10351 AUG 21 10

MS ISLER.

8/20

I received your letter
& the report from Tom
Forte today. We thought
we changed the address in
June, but I will let Tom
speak with you about
that. Jim Becker

