

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Pocket
01/026-TI
Pfister
JCCA

199 + 2000 pymt

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ202-00-0-R
Korea Telecom America, Inc.
111 Charlotte Place
Englewood Cliff, NJ 07632-2608

DEPOSIT

D114

DATE

SEP 06 2001

COMMISSION CLERK

RECEIVED-FPSC

01 SEP -5 PM 3:34

FOR PSC USE ONLY	
Check# <u>4483</u>	
\$ <u>50.00</u>	0603001
\$ <u>17.50</u>	003001
\$ <u>4.50</u>	0603001
	004011
Postmark Date <u>8-24-01</u>	
Initials of Preparer <u>V/M</u>	

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

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	\$ <u>0</u>	\$ <u>0</u>
2.	Access Services	\$ <u>0</u>	\$ <u>0</u>
3.	Private Line Services	\$ <u>0</u>	\$ <u>0</u>
4.	Leased Facilities & Circuits Services	\$ <u>0</u>	\$ <u>0</u>
5.	Miscellaneous Services	\$ <u>0</u>	\$ <u>0</u>
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>0</u>)	(<u>0</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>0</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		\$ <u>0</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>0</u>	\$ <u>0</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>0</u>	\$ <u>0</u>
12.	TOTAL AMOUNT DUE		\$ <u>0</u>

* 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
- Rebiller
- Other: Reseller of prepaid card
No facilities

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) P. rector (Title) 08/20/01 (Date)

JAE YOUNG RHY (Preparer of Form - Please Print Name) Telephone Number (201) 541-7701 Fax Number (201) 416-0077

PSC/CMU-133 (Rev. 11/11/99) F.E.I. No. 22-3228075 DOCUMENT NUMBER 11036 DATE SEP-5 01

FPSC-COMMISSION CLERK