

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Doc# + 011058-TI
STATUS:

Florida Public Service Commission
(See Filing Instructions on Back of Form)

Actual Return
 Estimated Return
 Amended Return

TJ-356
Total Call International, Inc.
345 S. Figueroa Street, Suite M01
Los Angeles, CA 90071
DEPOSIT **DATE**
D127 **OCT 11 2001**

| FOR PSC USE ONLY | |
|----------------------|---------|
| Check# | 8482 |
| \$ 50.00 | 0603001 |
| \$ 12.50 | 003001 |
| | P |
| \$ 3.50 | 0603001 |
| | 004011 |
| Postmark Date | 10/9/01 |
| Initials of Preparer | MC |

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

Please Complete Below If Official Mailing Address Has Changed

Total Call International, Inc. **6455 East Johns Crossing** **Suite 285** **Duluth** **GA** **30097**
(Name of Company) (Address) (City/State) (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | FLORIDA | |
|----------|--|-------------------------|--------------------|
| | | GROSS OPERATING REVENUE | INTRASTATE REVENUE |
| 1. | Long Distance Services | \$ 0.00 | \$ 0.00 |
| 2. | Access Services | | |
| 3. | Private Line Services | | |
| 4. | Leased Facilities & Circuits Services | | |
| 5. | Miscellaneous Services | | |
| 6. | TOTAL Telephone Services | \$ 0.00 | \$ 0.00 |
| 7. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | () | () |
| 8. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | | 0.00 |
| 9. | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) | | 50.00 |
| 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) | | 3.50 |
| 12. | TOTAL AMOUNT DUE | | \$ 66.00 |

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

Nonnye

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

CURRENT COMPANY STATUS

() Facilities-Based Carrier (X) 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 (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.

Amy R. Lee
Signature of Company Official
Amy R. Lee
(Preparer of Form - Please Print Name)

President **SO** **10/9/01**
(Title) (Date)
Telephone Number **678 775-2244** Fax Number **678 775-2254**
F.E.I. No. **33-0858351**

- APP
- CAF
- CMP
- COM
- CTR
- ECR
- LEG
- OPC
- PAI
- RGO
- SEC
- SER
- OTH

DOCUMENT NUMBER-DATE
12893 OCT 10 01
FPSC-COMMISSION CLERK

