

ORIGINAL

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

*P. Isler
JCCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2000 TO 12/31/2000

DEPOSIT

DATE

TX281-00-0-R
ComScape Communications, Inc.
1926 10th Avenue North, Suite 305
West Palm Beach, FL 33461-3310

Docket No. 011219-TX

D129

OCT 16 2001

Please Complete Below if Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check#	35480 + 35489
\$	50.00
\$	12.50
\$	4.50
Postmark Date	10/12/01
Initials of Preparer	MC

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE		INTRASTATE REVENUE	
		\$		\$	
1.	Basic Local Services		0		0
2.	Long Distance Services (IntraLATA only)**				
3.	Access Services				
4.	Private Line Services				
5.	Leased Facilities & Circuits Services				
6.	Miscellaneous Services				
7.	TOTAL REVENUES				0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)				
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)				
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)				
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)				
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)				
13.	TOTAL AMOUNT DUE				0

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

** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

CURRENT COMPANY STATUS

Facilities-Based Provider

Reseller

Other: Not in operation yet in FL

CAF

OMP

COM

STR

ECR

LEG

GPC

PAI

RGO

SEA

SER

OTH

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name)

(Address: City/State/Zip)

(Telephone)

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)

(Title)

(Date)

ANDREA McMILLAN
(Preparer of Form - Please Print Name)

Telephone Number (561) 540-4760 Fax Number (561) 547-4547

F.B.I. No. 31-1581656

DOCUMENT NUMBER DATE

13083 OCT 15 2001

FPSC-COMMISSION CLERK