

Alternative Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

Actual Return    
 Estimated Return    
 Amended Return

TX473-00-0-R  
 Centennial Florida Switch Corp.  
 3349 Route 138, Building A  
 Wall, NJ 07719-9671

PERIOD COVERED:  
 09/01/2000 TO 12/31/2000

DEPOSIT

DATE Docket No. 011305-TX

FOR PSC USE ONLY	
Check# 100314	
\$ 50.00	0603006
\$ 12.50	003001
\$ 4.50	0603006
	004011
Postmark Date 10/11/01	
Initials of Preparer MC	

D12

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$	
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$
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)		50.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	4.50	
13.	TOTAL AMOUNT DUE		\$ 67.00

\* 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: \_\_\_\_\_

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: \_\_\_\_\_

APP    
 CAF    
 COM    
 GTR    
 ECR    
 LEG    
 OFO    
 PAI    
 RGO    
 SER    
 QTY

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.

FW Chelof (Signature of Company Official) SR. V.P.; C.F.O. (Title) 10-11-01 (Date)

(Preparer of Form - Please Print Name) Telephone Number (732) 556-2259 DOCUMENT NUMBER-DATE 13086 OCT 15 01

F.E.I. No. 22-37097840c

FPSC-COMMISSION CLERK