

Alternative Local Exchange Company Regulatory Assessment Fee Return

99P+I +2000

STATUS:

*P-Isler
JCCA*

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FIELD(1)	DEPOSIT	DATE
TX287	D130	OCT 18 2001
Docket 01/221-TX		

FOR PSC USE ONLY

Check# 1055

\$ 164.59 0603006

\$ 45.09 003001

\$ 15.81 P

0603006

004011

Postmark Date 10/14/01

Initials of Preparer MC

PERIOD COVERED:

FIELD(3)

01/01/2000-12/31/2000

Please Complete Below If Official Mailing Address Has Changed

Rebound Enterprises Inc. P.O. Box 1095 Barlow, FL 33830

(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		\$109,728.60
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)		109,728.60
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		164.59
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		45.09
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		19.95
13.	TOTAL AMOUNT DUE		\$ 285.49

- * 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.

ECR _____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)

LES _____

OPC _____

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.

Carl J. Burgess President 10/12/01
 (Signature of Company Official) DOCUMENT NUMBER DATE (Title) (Date)

Carl J. Burgess 13225 OCT 10 8 Telephone Number (863) 519-0585 Fax Number (863) 519-9626
 (Preparer of Form - Please Print Name)

F.E.I. No. 59-3470860