

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS

- Actual Return
- Estimated Return
- Amended Return

P. Tisker / CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FIELD(1) TI 447

Telecarrier Services, Inc.
 543 Main Street
 New Rochelle, NY 10801

DATE NOV 07 2001

D136

FOR PSC USE ONLY

Check# 4884

\$ 50.00 0603001
 003001
 P
 0603001
 004011

Postmark Date 10/29/01

Initials of Preparer MC

PERIOD COVERED:

FIELD(3)
01/01/2001 -
12/31/2001

Please Complete Below If Official Mailing Address Has Changed*

Telecarrier Services Inc 543 Main Street New Rochelle NY 10801
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	0	0
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	0	0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	0	0
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0	0
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0	0
12.	TOTAL AMOUNT DUE		\$ 50.00

* 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
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- 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 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.

APP _____
 ICAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC _____
 SER _____
 OTH _____

Carl R. King
 (Signature of Company Official)

CEO
 (Title) 10/29/01
 (Date)

Telephone Number 914 633-6531 Fax Number 914 632-8411

F.E.I. No. 13-36603453

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 FPSC-COMMISSIONER CLERK