

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

Alternative Local Exchange Company Regulatory Assessment Fee Return

011275-TX

STATUS:

Actual Return

Estimated Return

Amended Return

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

TX382-00-0-R
 StormTel, Inc.
 3545 Universal Plaza
 New Port Richey, FL 34652
 Docket No. 011275-TX

FOR PSC USE ONLY

Check# 3036

\$ 50.00 0603006

\$ 12.50 003001

\$ 4.50 0603006

004011

Postmark Date 10/31/01

Initials of Preparer MC

PERIOD COVERED:
 03/02/2000 TO 12/31/2000

DEPOSIT DATE

D136 NOV 07 2001

Please Complete Below if Official Mailing Address Has Changed

(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)	_____	_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>	<u>50.00</u>
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>4.50</u>	_____
13.	TOTAL AMOUNT DUE	\$ _____	\$ <u>67.00</u>

* 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: INACTIVE

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.

Jamir R. Borden (Signature of Company Official) CFO (Title) 10/23/01 (Date)

Preparer of Form - Please Print Name Telephone Number () Fax Number ()

F.B.I. No. _____

APP
 CA
 CMP
 COM
 CTR
 ECR
 LEG
 OPC
 PAI
 RGO
 SEC
 SER
 CTR

RECEIVED NOV 14 2001
 PSC-COMMISSION CLERK

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS: 01/275-TX
 ✓ Actual Return *P. Isler*
 _____ Estimated Return *PCA*
 _____ Amended Return

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

TX382-01-0-R
 StormTel, Inc.
 3545 Universal Plaza
 New Port Richey, FL 34652
 Docket No. 011275-TX

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Check# 3036

\$ 50.00 0603006
 003001

\$ _____ P 0603006
 004011

\$ _____ I

Postmark Date 10/31/01
 Initials of Preparer MC

PERIOD COVERED:
 01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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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	_____	\$ <u>0</u>
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)	_____	<u>0</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	<u>50.00</u>
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	_____	\$ <u>50.00</u>

* These amounts must be intrastate only and must be verifiable.
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AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

() Facilities-Based Provider
 () Reseller
 Other: INACTIVE

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name)	(Address: City/State/Zip)	(Telephone)
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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.

<i>John N. Beebe</i> (Signature of Company Official)	CRO (Title)	10/23/01 (Date)
(Preparer of Form - Please Print Name)	Telephone Number () Fax Number ()	F.E.L. No. _____