## Shared-Tenant Service Provider Regulatory Assessment Fee Return

STATU	15/0		ic Service Commission	) P / Chec	A BOR PSC USE ONLY
<u>X</u> A	ctual Return stimated Return mended Return	TS181-00-0-R		\$ \$	50.00 0603003 003001
	Hickory Xeraill	Northbridge Centre			0603003 004011
PERIO	D COVERED:	515 North Elagler I West Palm Beach, 1			1//12/01
01/01/2000 TO 12/31/2000		D138	NOV 1 6 2001		mark Date /// d / 0 /
					tials of Preparer
		Please Complete Belo	w If Official Mailing Address Has Changed	<u> </u>	
	(Name of Company)		(Address)	(Ci	ity/State) (Zip)
					•
LINE <u>NO.</u>	AC	COUNT CLASSIFIC	CATION		AMOUNT
1.	Gross Intrastate Ope	rating Revenue			\$ 17, 121.00
2.	LESS: Amounts Pai	d to Other Telecomm	nunications Companies*		
	(see "2. Fees" on bac	k)			
3.	Net Intrastate Operat	ing Revenue for Reg	ulatory Assessment Fee		
	Calculation (Line 1 1	ess Line 2)			17, 121.00_
4.	Regulatory Assessme	ent Fee Due (Multiply	y Line 3 by 0.0015)		25.69
5.	Penalty For Late Pay	ment (see "3. Failure	to File by Due Date" on back)	(25%)	6.43
6.	Interest For Late Pay	ment (see "3. Failure	to File by Due Date" on back)	(9%)	2.89
APP CAF7 CMP	TOTAL AMOUNT I	DUE			\$35.01
COM The	se amounts must be int	rastate only and mus	t be verifiable.		(\$50.00)
ECR LEG OPC	AS PROVIDED I	N SECTION 364.336, FL	ORIDA STATUTES, THE MINIM	um annual	FEE IS \$50
PAI	widemismed consentations of the	hove named comment to	ad the foregoing and declare that to the best of	Toma Immunitadas an	ad holiof the phase in formation in
Procand co	rect statement. I am aware that pant in the performance of his office	oursuant to Section 837.06. Flor	rida Statutes, whoever knowingly makes a fals	e statement in wri	ting with the intent to mislead a
OTH	Mhi		CFO (Title)		10/26/01
-,]	(Signature of Compar	ny Official)	(Title)		(Detc)
HEI	DI J. THOR Preparer of Form - Please		Telephone Number (5d) 80	2-4100 F	Fax Number (96) 802-4199
FEI No. DOCUMENT NUMBER - DATE					
F300MU-34	(Rev. 11/11/99)			11.0	I E NON
				145	15 NOV 15=

FPSC-COHMISSION OF FRK