

### Lance J.M. Steinhart

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TI49/-00-01

December 28, 2001

VIA OVERNIGHT DELIVERY

Fiscal Services
Florida Public Service Commission
2540 Shumard Oak Blvd.
Gunter Bldg.
Tallahassee, Florida 32399
(850) 413-6000

Re:

World Long Distance, Inc.

Company Code: TI491

Dear Sir/Madam:

Please find attached faxed copies of a cover letter and completed Interexchange Company Regulatory Assessment Fee Returns for the years 1998, 1999 and 2000 and a check in the amount of \$233.00 for World Long Distance, Inc. Once our office receives the original returns, I will forward to your office via overnight delivery.

Please return a stamped copy of the extra copy of this letter in the enclosed preaddressed prepaid envelope. If you have any questions, please do not hesitate to call me. Thank you for your attention to this matter.

Sincerely,

Karen E. Campbell

Assistant for Lance J.M. Steinhart

Attorney for Telecuba, Inc.

Enclosures

DOCUMENT NUMBER-DATE

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TELECUBA INC

#### VIA OVERNIGHT DELIVERY

Fiscal Services
Florida Public Service Commission
2540 Shumard Oak Blvd.
Gunter Bldg.
Tallahassee, Florida 32399
(850) 413-6000

Re:

World Long Distance, Inc. Company Code: TI491

#### Dear Sir/Madam:

Please find attached completed Interexchange Company Regulatory Assessment Fee Returns for the years 1998, 1999 and 2000 for World Long Distance, Inc.. You will also find an enclosed payment of \$233.00 for the Regulatory Assessment Fees, Penalties and Interest for the same years.

Please return a stamped copy of the extra copy of this letter in the enclosed preaddressed prepaid envelope. If you have any questions, please do not hesitate to call me. Thank you for your attention to this matter.

Sincerely,

Luis Coello

World Long Distance, Inc.

Enclosures

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 02/01/1999

# Interexchange Company Regulatory Assessment Fee Return

A Actual Return Estimated Return World Long pistance, Inc. 448 Brickell Avanue, Suite 820 Miami, FL 33131-2407    DATA   DATA   DATA   Data   Data	STATUS:	•	a Public Service Commission (See Filing Instructions on Back of Form)	FOR Check#	PSC USE ONLY
PERIOD COVERED: 01/01/1998 TO 12/31/1998  Please Complete Below If Official MailingAddress Has Changed  (Name of Company)  (Clay/Smax)  (C		TI491-98-0-R World Long Di 444 Brickell	stance, Inc. Avenue, Suite 820	s. 12.5	003001 P 0603001
(City/State)  (Name of Couppany)  (Address)  (City/State)	01/01/1998 TO		******	Postmark Da	ate 12/28/01
LINE NO. ACCOUNT CLASSIFICATION GROSS OPERATING REVENUE INTRASTATE RE  1. Long Distance Services 2. Access Services 3. Private Line Services 4. Leasted Facilities & Circuit Services 5. Miscellaneous Services 6. TOTAL Telephone Services 5. 0.00 S. LESS: Amounts Paid For Services To Local Letting Company of the Company of	:	Please Complete J	Below If Official MailingAddress Has Chan	ged	
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(Name) (Name) (Rephone) (Telephone) (What is the total amount of customer deposits collected? (Amount: \$\frac{\text{City/State/Zip}}{\text{Amount: 5}}\$  What is the total amount of bond held (if applied Amount: \$\frac{\text{Company}}{\text{Company}}\$  COMPANY INFORMATION  Or you lease telecommunications' facilities? () YES () YES () NO  Address:  1. 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 information is a true and correct statement. I the aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing the literal to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeaner of the second degree.  (Signature of Company Official)  (Tide) (Date)			BILLING INFORMATION		
(Telephone)  What is the total amount of customer deposits collected?  Amount: 5	Complete below if billing agent if other				
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 information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statums, whoever knowingly makes a false statement in writing the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.  (Signature of Company Official) (Date)  Telephone Number ( )  Fax Number ( )	(Telephone) What is the total amount of customer de				
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 information is a true and correct statement. I am aware that pursuant in Section 837.06, Florida Statums, whoever knowingly makes a false statement in writing mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.  (Signature of Company Official)  (Title)  (Date)	-	es? () YES			
(Signature of Company Official) (Tide) (Date)  Telephone Number ( ) Fax Number ( )	Address:				
Telephone Number ( ) Fax Number ( )	7 m x 1	AVVI.			
	(Signature of Compa	my Omerai)	1 , , , , , , , , , , , , , , , , , , ,		
	(Preparer of Form - Please Print	Name)	• · · · · · · · · · · · · · · · · · · ·		

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT PER RETURN MUST BE FILED ON OR BEFORE 02/01/1999

## Interexchange Company Regulatory Assessment Fee Return

Estimated Return  Estimated Return  Taga-99-0-R world Long Distance, Inc.  444 Brickell Avenue, Suite 820  Miami, Fr. 33131-2407  Distance Complete Relow If Official MailingAddress Has Changed  (Name of Company)  Fresse Complete Relow If Official MailingAddress Has Changed  (Name of Company)  (Name of Company)  Fresse Complete Relow If Official MailingAddress Has Changed  (Name of Company)	STATUS:	•	a Public Service Commission (Ser Filing Instructions on Back of Form)	FOR PSC USE Check# 2976	ONLY
PERIOD COVERED:  12/31/1999  Please Complete Below If Official MaillingAddress Has Changed  (Name of Company)  (Name of Company		TI491~99-0-R World Long Di; 444 Brickell ; Miami, FL 33	stance, Inc. Avenue, Suite 820 131-2407	s 12.50	003001 P 0603001
Complete Below If Official MailingAddress Has Changed			trit 0 / 2002		128/01 27C
LINE NO, ACCOUNT CLASSIFICATION GROSS OPERATING REVENUE INTRASTATE REVENUE  1. Long Distance Services 2. Access Services 3. Private Line Services 4. Lessed Facilities & Circuity Services 5. Miscellaneous Services 6. TOTAL Telephone Services 7. LESSA Annound Dail For Services To Local 7. Line Companies* (Anno. Lining) 8. TOTAL REVENUES For Regulatory Assessment Fee Calculation 9. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) 10. Penalty for Lase Payment 11. Interest for Lase Payment 11. Interest for Lase Payment 11. TOTAL AMOUNT DUE 12. 500  **Tech amount pild by an interestchange telecommunications company to a miscommunications containty providing local service for use of the local general half be industrial revenue for purposes of determining the amount of the regulatory fee assessed the interesthinge elecommunications company.  **AS PROVIDED IN SECTION 364.336, FLORIDA STATULES, THE MINIMUM ANNUAL FEE IS \$50  1) Facilities-Based Carrier () Restlier () Alternate-Operator Service () Restlier () Alternate-Operator Service () Restlier () Alternate-Operator Service () Restlier () Complete below if billing agent if other than yourself.  **BILLING INFORMATION**  Complete below if billing agent if other than yourself.  (Name) (Name) (Name) (Name) (Name) (Seguence of the service company, have read the foregoing and declare that to the best of my knowledge and belief the above formation is a rue and correct sufficer. Approximation of Section 33.05, Florida Statuses, whoever knowledge years and belief the above formation is a rue and correct sufficer. Approximation of Section 33.05, Florida Statuses, whoever knowledge and belief the above formation is a rue and correct sufficer. Approximation of Section 33.05, Florida Statuses, whoever knowledge years and belief the above formation is a rue and correct sufficer. Approximation of Section 33.05, Florida Statuses, whoever knowledge and belief the above formation is a rue and correct sufficer.  (Signature of Campany Orificial)  (Signature of Campany Orificial)					
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(Name) (Telephone)		]	BILLING INFORMATION		<del></del>
What is the total amount of customer deposits collected?  Amount: 5 for 19  COMPANY INFORMATION  Do you lease telecommunications' facilities? ( ) YES No. No.  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-named normal is a rue and correct statement. I Ap aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the interact to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.  (Signature of Campany Official)  Telephone Number ( ) Fax Number ( )	Complete below if billing agent if other	than yourself.		· ( )	
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 try knowledge and belief the above-namedon's true and correct stationent. I the avere that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the interest to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.  (Signature of Campany Official)  (Date)  Luis Coello	(Telephone) What is the total amount of customer de		What	is the total amount of bond held (incount: \$Exp	f applicable)?
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 nformation is a true and correct suggested. I she aware that pursuant to Section 837.06, Florida Stanues, whoever knowingly makes a false statement in writing with the intent to mistered a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.  (Signature of Campany Official)  (Date)  Luis Coello		ies? ( ) YES			
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Luis Coello Telephone Number ( ) Fax Number ( )	nformation is à true and correct statement	t. I Alle awaite that pursuan	n to Section 837.06, Florida Statutes, whoever k	nowingly makes a false statement i	lief the above n writing with
(Preparer of Form - Please Print Name) F.E.I. No.		my Official)		Fax Number (	(Date)
	(Preparer of Form - Please Print	Name)	F.E.I. No.	a man a radiational 1	

PSC/CMU-153 (Rev. 11/11/99)

12/28/2001 18:30 3053716810

> TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEYORE 01/30/2001 Interexchange Company Regulatory Assessment Fee Return

STATUS:	Flori	ida Public Service Commission (See Filing Instructions on Back of Form)	Checks 2976	E ONLY
Actual Return Estimated Return	TI491-00-0-R World Long Dista		s 50,00 s /2-50	0603001 003001
PERIOD COVERED: 01/01/2000 TO 12/31/2000	444 Brickell Aven Miaml, FL 331317	2407 DATE	S 6.00 Postmark Date 2 Initials of Preparer	
12,51,2000		w If Official Mailing Address Has Changed		
World Long Distance, Inc.		•		
(Name of Company)		(Address)	(City/State)	(Zip)
1. Long Distance Services	nt classification	FLORIDA  GROSS OPERATING REVEN  S	s	O.00
Access Services     Private Line Services     Leased Facilities & Cir     Miscellaneous Services	auts Services		<u> </u>	
(see '2. Fees' on back  TOTAL REVENUES F  Regulatory Assassment  Penalty for Late Payme  II. Interest for Late Payme  I2. TOTAL AMOUNT DO  These amounts must be intre-	o Other Telecommunications Con) or Regulatory Assessment Fee ( Fee Due (Multiply Line 8 by 0, at (see "3, Faihure to File by D at (see "3, Faihure to File by D TE  asset only and must be ver	Calculation (0015)  Oue Date* on back)  Oue Date* on back)	50.00 12,50 6.00 \$ 68.50	0.00
( ) Facilities-Based Carrier ( ) Altemate-Operator Service	CURR ( * ) Reseller ( ) Rebiller	RENT COMPANY STATUS ( ) Call Aggregator ( ) Other:		
Complete below if billing agent if or		LLING INFORMATION	,	
(Name) What is the rotal amount of custome Amount: \$			(Tellis the total amount of bond bekent: S Expire	
Do you lease telecommunications' far If YES, who do you lease these fac Address:	cilities? ( ) YES (	MPANY INFORMATION X NO		
informatile is a true and correct state the intends o mistered a public servan	ment I an evere that pursuant t in he performance of his/her	have read the foregoing and declare that to to Section 837.06, Florida Statutes, whoever duty shall be guilty of a misdemeanor of the	the best of my knowledge an knowingly makes a false statem second degree.	ett in writing with
(Signature of Columnia Luis Coello	ny Unicus)	(Title)	Fax Number (	(Date)
(Preparer of Form - I	lease Print Name)	Telephone Number ()	57 MART 149 1 3	