

011573-1X

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

STATUS:

Actual Return
 Estimated Return
 Amended Return

*P. Isler
PCA*

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

TX374-00-0-R
 Wireless Access Network, Inc.
 12800 University Drive, Suit 550
 Ft. Myers, FL 33907-5337

DEPOSIT DATE
 D16:2 JAN 29 2002

FOR PSC USE ONLY

Check# 1057

\$ 50.00 0603006
 \$ 12.50 003001
 \$ 6.00 0603006
 004011

Postmark Date 1/24/02
 Initials of Preparer MC

PERIOD COVERED:
 01/01/2000 TO 12/31/2000

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	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**	0	0
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
7.	TOTAL REVENUES		\$ 0
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>	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>6.00</u>	
13.	TOTAL AMOUNT DUE		\$ <u>68.50</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: LICENSE HOLDER

BILLING INFORMATION

Complete below if billing agent if other than yourself.

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

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC
 OTH

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
 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.

Gerda C. Jensen Executive VP 1/24/02
 (Signature of Company Official) (Title) (Date)

Chip Dardaman
 (Preparer of Form - Please Print Name)

Telephone Number (941) 335-1330 Fax Number (941) 335-1335
 F.E.I. No. 65-0894769

01100 JAN 29 8
 FPSC-COMMISSION CLERK