

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

CC: P. Isler

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
JCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TI129-01-0-R
Hertz Technologies, Inc.
5601 Northwest Expressway
Oklahoma City, OK 73132-5232

DEPOSIT DATE
D 1 7 3 0 1 FEB 0 3 2002

011 331-TI
020000-PU
COMMISSION CLERK

FEB - 6 AM 9: 57

FOR PSC USE ONLY
Check# 05080055

\$ 50.00 0603001
003001
\$ _____ P
0603001
004011
\$ _____ I

Postmark Date 1/31/02
Initials of Preparer MC

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. | Long Distance Services | \$ 47,290 | \$ 9,076 |
| 2. | Access Services | 0 | 0 |
| AUS | Private Line Services | 53,681 | 10,301 |
| CAF | Leased Facilities & Circuits Services | 0 | 0 |
| CMP | Miscellaneous Services | 0 | 0 |
| COM | TOTAL Telephone Services | \$ 100,971 | \$ 19,377 |
| CTR | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | (72,699) | (13,952) |
| ECR | TOTAL REVENUES For Regulatory Assessment Fee Calculation | | (MIN) 5,426 |
| GCL | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) | | \$ 50.00 |
| OPL | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | 0 | |
| MMS | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | 0 | |
| SEC | TOTAL AMOUNT DUE | | \$ 50.00 |

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

() Facilities-Based Carrier () Reseller () Call Aggregator
() Alternate-Operator Service () Rebiller () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

Digital Communications of America 300N Meridian, Oklahoma City OK 73107 405-951-9300
(Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected? Amount: \$ 0 for 12-2001

What is the total amount of bond held (if applicable)? Amount: \$ N/A Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES (X) 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.

Darcy Wilson (Signature of Company Official) President (Title) _____ (Date)

Darcy Wilson (Preparer of Form - Please Print Name) Telephone Number 405-280-5020 Fax Number 405-290-2440