

020000 JW

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2003

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
JCCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ434-02-0-R
 Spectracom, Inc.
 170 Celestial Way, 3-4
 Juno Beach, FL 33482-364

DEPOSIT DATE
~~191~~ MAR 20 2002

PERIOD COVERED:
01/01/2002 TO 12/31/2002

FOR PSC USE ONLY
 Check# 1005
 \$ 50.00 0603001
 003001
 S _____ P _____ 0603001
 004011
 S _____ I _____
 Postmark Date 3/14/02
 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	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)	(0)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>56.00</u>	
12.	TOTAL AMOUNT DUE		\$ 0

* These amounts must be intrastate only and must be verifiable.

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

CURRENT COMPANY STATUS

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

BILLING INFORMATION

Complete below if billing agent is other than yourself.

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

What is the total amount of customer deposits collected?
 Amount: \$ 0 for 19 _____

What is the total amount of bond held (if applicable)?
 Amount: \$ 0 Expires: _____

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.

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

Robert W. Pearce
 (Signature of Company Official)

Robert W. Pearce
 (Preparer of Form - Please Print Name)

Pres. 3-11-02
 (Title) (Date)

Telephone Number (861) 625-3654 Fax Number (861) 625-3390
 F.E.I. No. 65-0333459

DOCUMENT NUMBER-DATE

03197 MAR 20 02

FPSC-COMMISSION CLERK

Spectracom, Inc.
A Florida Corporation

March 11, 2002

Dear Martha Coggins:

Per our conversation, please let this letter serve as notification that Spectracom, Inc., a Florida corporation no longer exists and has been decertified as a Florida corporation since last August. The corporation has done no business since December 31, 2000.

Please let me know if there are any other processes that I must complete to decertify this corporation with the Florida Public Service Commission. Thank you for your assistance in this matter.

Sincerely,



Robert W. Pearce
President