

ORIGINAL

2000 + 2001 pd i pymt

P. Isler
/CCA

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

rocket # 01/315-TX

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX501-01-0-R
 Trans National Communications International, Inc.
 6455 East Johns Crossing
 Suite 285
 Duluth, GA 30097

FOR PSC USE ONLY
 Check# 004665
 \$ 50.00 0603006
 \$ 12.50 003001
 \$ 7.50 0603006
 004011
 Postmark Date 3/12/02
 Initials of Preparer me

PERIOD COVERED:
10/20/2000 TO
12/31/2000

DEPOSIT DATE
191 MAR 20 2002
(Name of Company) (Address) (City/State) (Zip)

Please Complete Below If Official Mailing Address Has Changed

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0.00	\$ 0.00
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 0.00
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)		0.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		50.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		12.50
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		7.50
13.	TOTAL AMOUNT DUE		\$ 70.00

* 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:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

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

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.

(Signature of Company Official) (Title) (Date)

Rhannon Ludlow
(Preparer of Form - Please Print Name) Telephone Number (678) 775-2444 Number (678) 775-2254

F.E.I. No 04-3284489

DOCUMENT NUMBER DATE
03198 MAR 20 02

FPSC-COMMISSION CLERK