

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: *B. Hawkins*
VECA
 Actual Return (FINAL)
 Estimated Return
 Amended Return

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

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

TJ411-02-0-R
 Edge Connections, Inc.
 1100 Johnson Ferry Road, Suite 400
 Atlanta, GA 30342-1743

DEPOSIT DATE
D195 MAR 26 2002

FOR PSC USE ONLY
 Check# 1002
 \$ 50.00 0603001
 003001
 \$ _____ P 0603001
 004011
 \$ _____
 Postmark Date 3/20/02
 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	\$ 0.00	\$ 0.00
2.	Access Services	0.00	0.00
3.	Private Line Services	0.00	0.00
4.	Leased Facilities & Circuits Services	0.00	0.00
5.	Miscellaneous Services	0.00	0.00
6.	TOTAL Telephone Services	\$ 0.00	\$ 0.00
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0.00)	(0.00)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		50.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0.00	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0.00	
12.	TOTAL AMOUNT DUE		\$ 50.00

* 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 () Call Aggregator
 Alternate-Operator Service () Rebillor () Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

N/A (Name) _____ (Address: City/State/Zip) _____ (Telephone) _____

What is the total amount of customer deposits collected?
 Amount: \$ 0.00 for 12/2002

What is the total amount of bond held (if applicable)?
 Amount: \$ 0.00 Expires: N/A

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 agency in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Chris Beavens (Signature of Company Official) President (Title) 3/6/02 (Date)
CHRIS BEAVENS (Preparer of Form - Please Print Name) Telephone Number (404) 459-0468 Fax Number (404) 459-8417
 F.E.I. No. 58-2504614

IS
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DOCUMENT NUMBER-DATE
03428 MAR 26 02

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

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS: Brenda Hawkins-CMP
CCA

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

FOR PSC USE ONLY
Check# 1003
\$ 50.00 0603006
003001
\$ _____ P 0603006
004011
\$ _____
Postmark Date 3/20/02
Initials of Preparer MC

Actual Return (Final)
 Estimated Return
 Amended Return

TX478-02-0-R
Edge Connections, Inc.
1100 Johnson Ferry Road, Suite 400
Atlanta, GA 3042-1743
DEPOSIT DATE
D195 MAR 26 2002

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

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	\$ 0.00	\$ 0.00
2.	Long Distance Services (IntraLATA only)**	0.00	0.00
3.	Access Services	0.00	0.00
4.	Private Line Services	0.00	0.00
5.	Leased Facilities & Circuits Services	0.00	0.00
6.	Miscellaneous Services	0.00	0.00
7.	TOTAL REVENUES		\$ 0.00
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0.00
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)	0.00	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0.00	
13.	TOTAL AMOUNT DUE		\$ 50.00

* 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 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 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) Chris Beavers (Title) President (Date) 3/6/02
Preparer of Form - Please Print Name) Telephone Number 404-459-0468 Fax Number 404-459-9417
F.E.I. No. 58-2504614

Charles V. Gerkin, Jr.
Attorney at Law
Suite 610-PMB 307
4135 LaVista Road
Tucker, GA 30085-5003
770-414-4206
770-234-5965 (facsimile)
Charles.Gerkin@attbi.com

2002 MAR 25 AM 11:01
DIVISION OF
COMPETITIVE SERVICES

March 19, 2002

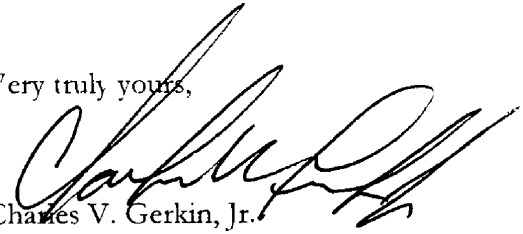
Ms. Brenda H. Hawkins
Competitive Markets & Enforcement
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

Re: TJ411 and TX478 - Edge Connections, Inc.


Dear Ms. Hawkins:

Enclosed please find the 2002 ALEC and IXC Regulatory Assessment Fee Forms for Edge Connections, Inc., together with two (2) checks for fifty dollars (\$50.00) payable to the Florida Public Service Commission. Please acknowledge your receipt of the enclosed by date-stamping the enclosed copy of this letter and returning it to the undersigned in the enclosed self-addressed stamped envelope.

Very truly yours,


Charles V. Gerkin, Jr.

CVG/s
Enclosures

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER DATE
03428 MAR 26 2002
FPSC-COMMISSION CLERK