

ORIGINAL

Interexchange Company Regulatory Assessment Fee Return

FINAL RETURN See TS189

CK Amt \$100.00

STATUS:

P. Isler
JCCA

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/08/2001 TO 12/31/2001

TJ461-01-0-R
 Travelers Media, Inc.
 100 West Livingston Street
 Orlando, FL 32801-1547
DEPOSIT **DATE**
D197 **MAR 28 2002**

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
 Check# 1934
 \$ 50.00 0603001
 003001
 \$ P 0603001
 004011
 \$
 Postmark Date 3/25/02
 Initials of Preparer MK

(Name of Company) _____ (Address) _____ (City/State) _____ (Zip) _____

| LINE NO. | ACCOUNT CLASSIFICATION | FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|---|---------------------------------|--------------------|
| 1. | Long Distance Services | \$ _____ | \$ 0 |
| 2. | Access Services | _____ | _____ |
| 3. | Private Line Services | _____ | _____ |
| 4. | Leased Facilities & Circuits Services | _____ | _____ |
| 5. | Miscellaneous Services | _____ | _____ |
| 6. | TOTAL Telephone Services | \$ _____ | \$ _____ |
| 7. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | (_____) | (_____) |
| 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) | _____ | _____ |
| 12. | TOTAL AMOUNT DUE | _____ | \$ 0 |

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

* 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
- Rebiller
- Other: BUSINESS NEVER STARTED

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____
 What is the total amount of customer deposits collected? Amount: \$ _____ for 19 _____
 What is the total amount of bond held (if applicable)? Amount: \$ _____ 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.

[Signature] _____ (Title) _____ (Date) _____
 (Signature of Company Official)

(Preparer of Form - Please Print Name) _____ Telephone Number () _____ Fax Number () _____
 F.E.I. No. _____

DOCUMENT NUMBER-DATE
 03552 MAR 28 02
 DESIGN CLERK

Shared-Tenant Service Provider Regulatory Assessment Fee Return

FINAL RETURN

See TJ461

CK Amt \$100.00

STATUS:

P. Isler
CEA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2001 TO 12/31/2001

TS189-01-0-R
 Travelers Media, Inc.
 100 West Livingston Street, Suite 230
 Orlando, FL 32801-1547

DEPOSIT DATE
D197 MAR 28 2002

FOR PSC USE ONLY

Check# 1934

\$ 50.00 0603003
 003001
 \$ _____ P 0603003
 004011
 \$ _____

Postmark Date 3/25/02
 Initials of Preparer MC

Please Complete Below if Official Mailing Address Has Changed

(Name of Company) _____ (Address) _____ (City/State) _____ (Zip) _____

| LINE NO. | ACCOUNT CLASSIFICATION | AMOUNT |
|----------|--|-------------|
| 1. | Gross Intrastate Operating Revenue | \$ <u>0</u> |
| 2. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | <u>0</u> |
| 3. | Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 1 less Line 2) | <u>0</u> |
| 4. | Regulatory Assessment Fee Due (Multiply Line 3 by 0.0015) | <u>0</u> |
| 5. | Penalty For Late Payment (see "3. Failure to File by Due Date" on back) | <u>0</u> |
| 6. | Interest For Late Payment (see "3. Failure to File by Due Date" on back) | <u>0</u> |
| 7. | TOTAL AMOUNT DUE | \$ <u>0</u> |

CO HAD NO SALE
CO IS OUT OF BUSINESS

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

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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 official duty shall be guilty of a misdemeanor of the second degree.

[Signature]
(Signature of Company Official)

PRELUS, GARY (Title) 3-26-01 (Date)

(Preparer of Form - Please Print Name)

Telephone Number 407 543 5775 Fax Number 407 543 5752

F.E.I. No. 59-3675704