

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

020113-TP

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
CCA*

TJ597-02-0-R
 Broadslate Networks of Florida, Inc.
 630 Peter Jefferson Parkway, Suite 300
 Charlottesville, VA 22911-4624
DEPOSIT DATE
D201 APR 03 2002

FOR PSC USE ONLY
 Check# 11062
 \$ 50.00 0603001
 003001
 \$ _____ P 0603001
 004011
 \$ _____
 Postmark Date 4/2/02 No postmark
 Initials of Preparer MC

PERIOD COVERED:
 01/04/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

BROADSLATE NETWORKS INC (Name of Company) 630 PETER JEFFERSON SUITE 300 (Address) Charlottesville VA 22911 (City/State) 22911 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	<u>19314.51</u>	<u>19314.51</u>
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>19314.51</u>	\$ <u>19314.51</u>
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)	<u>(MINIMUM 50.00)</u>	<u>50.00</u>
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	_____	\$ <u>50.00</u>

* 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: LOCAL DSL TELECOMMUNICATIONS SERVICE PROVIDER

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

[Signature] President 3/28/02
 (Signature of Company Official) (Title) (Date)
 Telephone Number (434) 220-7700 Fax Number _____
 GCL preparer of Form - Please Print Name Marle Mackenzie
 F.E.I. No. _____ DOCUMENT NUMBER DATE 03774 APR-3 02
 3 (Rev. 11/11/99)
 AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC 1
 OTH _____

FPSC-COMMISSION CLERK

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
Sec A*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

DEPOSIT D201	DATE APR 03 2002
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FOR PSC USE ONLY	
Check# 11027	
\$ 218.66	0603006
	003001
	P
	0603006
	004011
Postmark Date 4/2/02	<i>No postmark</i>
Initials of Preparer MC	

PERIOD COVERED:

01/01/01 - 12/31/01

Please Complete Below If Official Mailing Address Has Changed

Broadstate Networks, Inc. (Name of Company) **630 Peter Jefferson Pkwy Ste 300** (Address) **Charlottesville, VA** (City/State) **22911** (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services		
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services	145,773.41	145,773.41
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 145,773.41
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		145,773.41
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		218.66
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		0
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		0
13.	TOTAL AMOUNT DUE		\$ 218.66

* 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: **Local DSL Telecommunications Service Provider**

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 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) **4/8/02** (Date)

 (Preparer of Form - Please Print Name)

Telephone Number () _____ Fax Number () _____



2001	Florida PUC			Pennsylvania		
	Revenue	Rate	Tax	Revenue	Rate	Tax
January	\$696.00	0.150%	\$1.04	\$21,652.20	5.000%	\$1,082.61
February	\$600.00	0.150%	\$0.90	\$29,438.80	5.000%	\$1,471.94
March	\$3,200.00	0.150%	\$4.80	\$38,101.80	5.000%	\$1,905.09
April	\$2,456.00	0.150%	\$3.68	\$45,122.20	5.000%	\$2,256.11
May	\$10,048.00	0.150%	\$15.07	\$63,413.40	5.000%	\$3,170.67
June	\$10,888.00	0.150%	\$16.33	\$71,593.80	5.000%	\$3,579.69
July	\$19,184.00	0.150%	\$28.78	\$73,180.40	5.000%	\$3,659.02
August	\$1,154.40	0.150%	\$1.73	\$75,977.80	5.000%	\$3,798.89
September	\$0.00	0.150%	\$0.00	\$75,966.20	5.000%	\$3,798.31
October	\$43,729.99	0.150%	\$65.59	\$81,644.00	5.000%	\$4,082.20
November	\$43,339.26	0.150%	\$65.01	\$35,396.80	5.000%	\$1,769.84
December	\$10,477.76	0.150%	\$15.72	\$36,554.80	5.000%	\$1,827.74
TOTALS:	\$145,773.41		\$218.66	\$648,042.20		\$32,402.11

2002 - FINAL RETURN

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FILDO

Alternative Local Exchange 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)

TX405

DEPOSIT DATE

D201 APR 03 2002

FOR PSC USE ONLY

Check# 11027

\$ 50.00 0603006
003001

\$ _____ P
0603006
004011

\$ _____ 1

Postmark Date 4/2/02 *Napostmari*

Initials of Preparer me

PERIOD COVERED:

01/01/02 - 12/31/02

Please Complete Below If Official Mailing Address Has Changed

Broadstate Networks, Inc. 630 Peter Jefferson Pkwy, Ste 300 Charlottesville, VA 22911

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services		
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services	<u>19,314.51</u>	<u>19,314.51</u>
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ <u>19,314.51</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		<u>0</u>
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		<u>19,314.51</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015) (MINIMUM \$50.00)		<u>50.00</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>0</u>
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>0</u>
13.	TOTAL AMOUNT DUE		\$ <u>50.00</u>

* 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

(x) Other: Local DSL Telecommunications Service Provider

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 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] (Signature of Company Official) [Signature] (Title) 3/18/02 (Date)

(Preparer of Form - Please Print Name)

Telephone Number () Fax Number ()

F.E.I. No. _____

0.	c	
12,609.27	+	Jan '02
6,705.24	+	Feb '02
19,314.51	*	Total Revenue
19,314.51	x	
0.0015	=	
28.971765	*	Tax Amt.

↳ \$ 50,00 Minimum on return

* No Bad Debt deduction permitted.