	TO AVOID PE	NALTY AND INTEREST CHARGES,	THE REGULATORY ASSESSMENT FEE RET	TURN MUST BE FILED (ON OR BEFORE 01/30/2002	2000 8 200) pynt	
'	•	Pay Telep	phone Service Provide	r Regulatory	Assessment Fe	e Return		
	STATUS	: 8 15/e1	Florida Public Ser	rvice Commis	10000-PU	FOR PSC USE Check# 1056	CHICHNA	
	Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2001 TO 05/17/2001		TG610-0150-R		Date April 16,2002	s 100.00 s 12.50	0603002 003001 P 0603002 004011	
,				89-TC	,	Postmark Date // Sinitials of Preparer	7/02 mc	
			Please Complete Below II Official Mailing Address Has Changed					
		(Name of Company)		(Address)		(City/State)	(Zip)	
	LINE	LINE NO. ACCOUNT CLASSIFICATION AMOUNT						
	1.	Gross Operating Revenue (Florida)				\$ ()	
	2.	Gross Intrastate Revenue				<u> </u>)	
	3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)				()	
	4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)						
	5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)						
	6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)						
	7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)						
	8.	TOTAL AMOUNT DUE				\$_116	7 30	
AUS CAF CMP COM		AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED						
CTR ECR GCL		Number of pay teleph by this Return		<u> </u>				
OPC MMS	* These an	cre amounts must be intrastate only and must be verifiable.						
SEC OTH	true and co public serv	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 83: 65, P.C.Ide Statutes, where impringly makes a false statement in writing with the intent to mislead a public servant of the perforbance of his official duty shall be guilty of a misdemeanor of the second degree. (Signature of Company Official) (Title) Telephone Number (305/42 0282 Fax Number () (Preparer of Form - Please Print Name)						
	PSCICMU-26	i (Rev.l 1/11/99)	Close Ac		D0C1	JMENT NUMBER	DATE 6 8	
			Cancellation# order # PSCI	010599	PAATCFPS	C-COMMISSION C	LERK	

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