

# Alternative Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
JCCA*

TX608-01-0-R  
Fiber Media, LLC  
2410 Hollywood Blvd.  
Hollywood, FL 33020-6607

FOR PSC USE ONLY

Check# 1123

\$ 50.00 0603006  
003001

\$ 2.00 P  
0603006  
004011

\$ \_\_\_\_\_ I

Postmark Date 5/13/02

Initials of Preparer MC

PERIOD COVERED:

10/19/2001 TO 12/31/2001

**DEPOSIT**

DATE: P. Isler

Please Complete Below If Official Mailing Address Has Changed

**D2142**

**MAY 17 2002**

(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	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ <u>0</u>
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)	_____	_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>\$50 x 5% x 4 = \$10</u>	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>\$50 x 1 1/2% x 4 = \$2</u>	_____
13.	TOTAL AMOUNT DUE	<u>PLUS MIN. ANNUAL FEE</u>	\$ <u>62.00</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  
 AUS  
 CAF  
 CMP  
 COM  
 CTR  
 ECR  
 GCL  
 OPC  
 MMS  
 SEC

( ) 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.

Wei Wang  
 (Signature of Company Official)  
Wei Wang  
 (Preparer of Form) Please Print Name

V.P.  
 (Title)  
 Telephone Number 954/342-500  
 F.E.I. No. 65-10194

DOCUMENT NUMBER-DATE  
**05307 MAY 17 02**  
 FPSC-COMMISSION CLERK