

Interexchange Company Regulatory Assessment Fee Return **ORIGINAL**

STATUS:
 Actual Return
 Estimated Return
 Amended Return

*P. Isler
cc: A*

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

TJ153-01-0-R
Public Telephone Network, Inc.
6015 N.W. 7th Avenue
Miami, FL 33127-1109

FOR PSC USE ONLY	
Check# <u>1502</u>	
\$ <u>50.00</u>	0603001
\$ <u>10.00</u>	003001
	P
	0603001
\$ <u>2.00</u>	004011
	I
Postmark Date <u>5/24/02</u>	
Initials of Preparer <u>PK</u>	

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

DEPOSIT

DATE CC: P. Isler

D219

MAY 31 2002

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>0</u>	\$ <u>0</u>
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)		<u>50.00</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>10.00</u>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.00</u>	
12.	TOTAL AMOUNT DUE		\$ <u>62.00</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 (x) Other: Pending

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 (x) NO

If YES, who do you lease these facilities from? Name: _____

IS _____
 VF _____
 AP _____
 JM _____
 TR _____
 DR _____
 CL _____
 PC _____
 MS _____
 EC _____
 TH _____

Each 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.

Ren R. Williams Business Manager 5/21/02
 (Signature of Company Official) (Title) (Date)

Ren R. Williams
 (Printer of Form - Please Print Name)

Telephone Number 305-754-1940 Fax Number 305-754-7213
 F.E.I. No. 65-0200945 5692 MAY 30 2002