

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
JCCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ023-01-0-R
 Strategic Technologies, Inc.
 790 N.W. 107th Avenue, Suite 310
 Miami, FL 33172-3160

DEPOSIT DATE
 cc: P. Isler D219 MAY 31 2002

FOR PSC USE ONLY
 Check# 00107693

\$ 50.40 0603001
 \$ 10.00 P 003001
 \$ 2.00 0603001
 004011

Postmark Date 5/28/02
 Initials of Preparer MC

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

Please Complete Below If Official Mailing Address Has Changed

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

| LINE NO. | ACCOUNT CLASSIFICATION | FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|---|---------------------------------|--------------------|
| 1. | Long Distance Services | \$ NONE | \$ |
| 2. | Access Services | " | |
| 3. | Private Line Services | " | |
| 4. | Leased Facilities & Circuits Services | " | |
| 5. | Miscellaneous Services | | |
| 6. | TOTAL Telephone Services | \$ N/A | \$ |
| 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) | 50 | |
| 10. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | 20% = 10 | |
| 11. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | 4% interest = 2.40 | |
| 12. | TOTAL AMOUNT DUE | | \$ 62.40 |

* 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: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Tel)

What is the total amount of customer deposits collected? Amount: \$ _____ for 19 _____

What is the total amount of bond held (if app): 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 info is 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 public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) Business Development Mgr. 5/28/02 (Date)

David Drykerman (Preparer of Form - Please Print Name) Telephone Number (305) 229-6541 Fax Number (305) 229-6583

F.E.I. No. _____

DOCUMENT NUMBER-DATE 05748 MAY 31 02 FP PSC-COMMISSION CLERK