

ORIGINAL

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
CCA
Nanny*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX582-01-0-R
 NationNet Communications Corporation
 35 Carriage House Drive, #3
 Jackson, TN 38305-3822
 DEPOSIT DATE
 cc: P. Isler 222 JUN 10 2002

FOR PSC USE ONLY
 Check# 02805358498
 \$ 50.00 0603006
 \$ 10.50 003001
 \$ 2.50 0603006 004011
 Postmark Date 6/3/02
 Initials of Preparer MC

PERIOD COVERED:
09/10/2001 TO 12/31/2001

Please Complete Below if Official Mailing Address Has Changed

NATIONNET COMMUNICATIONS (Name of Company)
 PO BOX 708 (Address)
 FRISCO TX 75034 (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ -0-	\$ -0-
2.	Long Distance Services (IntraLATA only)**	-0-	-0-
3.	Access Services	-0-	-0-
4.	Private Line Services	-0-	-0-
5.	Leased Facilities & Circuits Services	-0-	-0-
6.	Miscellaneous Services	-0-	-0-
7.	TOTAL REVENUES		\$ -0-
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)		-0-
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		-0-
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
13.	TOTAL AMOUNT DUE		\$ -0-

* 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:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

JS _____ (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.

JAMES HARPER (Signature of Company Official)
 JAMES HARPER (Preparer of Form - Please Print Name)

VICFO (Title)
 Telephone Number 972 762 2319 (Date) _____
 Fax Number 972 712 9698

F.E.I. No. 05996 JUN 10 2002