

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)

TJ071-01-0-R
 MicroSun Telecommunications, Inc.
 9353 West Sample Road, Suite 201
 Coral Springs, FL 33065-4167

DATE cc: P. Isler

FOR PSC USE ONLY	
Check#	2337
\$	50.00
\$	2.50
\$.50
Postmark Date	6/6/02
Initials of Preparer	MC

PERIOD COVERED:

01/01/2001 TO 12/31/2001

DEPOSIT

DATE

D222

JUN 10 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	\$ 144088.78	\$ 13846.66
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 144088.78	\$ 13846.66
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(90428.23)	(11538.88)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		2307.78
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	12.50	3.46
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	2.50	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	TOTAL AMOUNT DUE		\$ 18.46

* 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

- | | | |
|---|--|--|
| <input type="checkbox"/> Facilities-Based Carrier | <input checked="" type="checkbox"/> Reseller | <input type="checkbox"/> Call Aggregator |
| <input type="checkbox"/> Alternate-Operator Service | <input type="checkbox"/> Rebiller | <input type="checkbox"/> Other: _____ |

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 NO
 If YES, who do you lease these facilities from? Name: _____

Address: _____
 US _____
 AF _____
 MP _____

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.

Signature of Company Official: [Signature] Title: PRES Date: 6/5/02
 Preparer of Form - Please Print Name: SAM RAMAN
 Telephone Number (954) 227-3600 Fax Number (954) 227-9600

F.E.I. No. 65-0765942 DOCUMENT NUMBER-DATE