

ORIGINAL

Interexchange Company Regulatory Assessment Fee Return

ck. Amt \$120.00

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
CEA
Nonnye*

TJ457-01-0-R
 Everest Broadband Networks of Florida, Inc.
 One Executive Drive, Suite 600
 Fort Lee, NJ 07024-3309

See TX541

FOR PSC USE ONLY

Check# 10643

\$ 50.00 0603001
 \$ 10.00 003001
 P. 0603001
 004011

Postmark Date 6/10/02 *Postmark X*
 Initials of Preparer MC

PERIOD COVERED:

01/08/2001 TO 12/31/2001

DEPOSIT

DATE

D223

JUN 12 2002

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	\$ <u>671.17</u>	\$ <u>637.61</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>355.58</u>	\$ <u>318.00</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>315.59</u>)	(<u>319.61</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	<u>850.00</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)	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ <u>60.00</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
- 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: _____

- AUS _____
- CAF _____
- OMP
- OTR _____
- ECR _____
- GCL _____
- OPC _____
- VMS _____
- SEC
- OTH _____

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)

CFO

(Title)

5/21/02

(Date)

Telephone Number 201 905-8489 Fax Number 201 944-7469

F.E.I. No. 52-2190718