

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
Estimated Return
Amended Return

P. Isler
CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ544-01-0-R
Telis Communications Group, Inc.
1640 South Sepulveda Blvd., Suite 320
Los Angeles, CA 90025-7536

FOR PSC USE ONLY

Check# 21408

\$ 50.00 0603001
003001
\$ P 0603001
004011

Postmark Date 6/6/02
Initials of Preparer MC

PERIOD COVERED:

07/23/2001 TO 12/31/2001

DATE cc: P. Isler

DEPOSIT

D223

JUN 12 2002

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, TOTAL Telephone Services, LESS: Amounts Paid to Other Telecommunications Companies\*, TOTAL REVENUES For Regulatory Assessment Fee Calculation, Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015), Penalty for Late Payment (see "3. Failure to File by Due Date" on back), Interest for Late Payment (see "3. Failure to File by Due Date" on back), TOTAL AMOUNT DUE.

\* 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
( ) Alternate-Operator Service
( ) Reseller
( ) Call Aggregator
( ) Rebillor
( ) 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 (X) 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.

(Signature of Company Official)

Vice President (Title) 5-29-02 (Date)

HELENE LEGEN DAE (Preparer of Form - Please Print Name)

Telephone Number 310 935 0371 Fax Number 310 935 3184

F.E.I. No. 52 227 9801

PSC CMD-153 (Rev. 11/11/99)

DOCUMENT NUMBER-DATE

06106 JUN 12 8