

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

FOR PSC USE ONLY  
 Check# 1776  
 \$ 50.00 0603001  
 \$ 12.50 P 003001  
 \$ 2.50 I 0603001  
 004011  
 Postmark Date 6/6/02  
 Initials of Preparer MC

Amended Return

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

DEPOSIT

DATE CC: P. Isler

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	\$ _____	_____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	_____	_____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( <u>0</u> )	( <u>0</u> )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	<u>\$ 50</u>	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.5</u>	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	TOTAL AMOUNT DUE	<u>65.</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: Not operating yet

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: \_\_\_\_\_

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) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

MMS (Preparer of Form - Please Print Name) \_\_\_\_\_ F.E.I. No. \_\_\_\_\_  
 SEC \_\_\_\_\_  
 OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

06108 JUN 12 2002