

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

(020000)

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
CEA*

TJ257-01-0-R
Metromedia Fiber Network Services, Inc.
360 Hamilton Blvd.
White Plains, NY 10601-1811

cc: *P. Isler*

FOR PSC USE ONLY

Check# *107360*

\$ 50.00 0603001

\$ 12.50 P 003001

0603001

\$ 2.50 I 004011

Postmark Date 6/12/02

Initials of Preparer MC

PERIOD COVERED:

01/01/2001 TO 12/31/2001

DEPOSIT

DATE

D224

JUN 17 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>0</u>	\$ <u>0</u>
2.	Access Services	<u>0</u>	<u>0</u>
3.	Private Line Services	<u>0</u>	<u>0</u>
4.	Leased Facilities & Circuits Services	<u>0</u>	<u>0</u>
5.	Miscellaneous Services	<u>0</u>	<u>0</u>
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
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	<u>0</u>	<u>0</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	<u>0</u>	<u>0</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>	<u>0</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>	<u>0</u>
12.	TOTAL AMOUNT DUE		\$ <u># 50.00</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.

n/a
(Name)

(Address: City/State/Zip)

(Telephone)

What is the total amount of customer deposits collected?
Amount: \$ 0 for 12 2001

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: *Grace Bone*

(Title) *SVP + General Counsel* (Date) *5/30/02*

Preparer of Form - Please Print Name: *Grace Bone*

Telephone Number *(415) 281-7505* Fax Number *(415) 281-7536*

MMS: _____
PSC CMU-153 (Rev. 11/11/99)

F.E.I. No. 13-3982836 DOCUMENT NUMBER-DATE

OTH: _____

06243 JUN 17 8

FPSC-COMMISSION CLERK

Metromedia Fiber Network Services, Inc. (TJ257)
Certificate No. 7157, Effective 09/27/99

Year	Fee	Penalty	Interest	Notes
1999	N/A	\$ 2.50	\$0.50	Payment was due 01/31/00. The company's payment for the RAF was postmarked 02/16/00, leaving a balance of \$3.00.
2001				Payment was due 01/30/02. Our records do not show record of payment. NOTE: I did not include amounts due since the RAF is .0015% of a company's intrastate revenues or \$50.00, whichever is greater. Statutory penalty and interest charges are applicable.
Total		\$ 2.50	\$0.50	Total: \$3.00



Tel 914 421 6700
Fax 914 421 6777

Metromedia Fiber Network, Inc.
360 Hamilton Avenue
White Plains, NY 10601
www.mfn.com

May 29, 2002

VIA U.S. MAIL

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850
Attn: Fiscal Services

Re: 2001 Interexchange Company Regulatory Assessment Fee Return of
Metromedia Fiber Network Services, Inc.

Dear Sir or Madam:

Enclosed please find an original and one copy of the above-referenced document for Metromedia Fiber Network Services, Inc. ("MFN"). A check for \$65.00 - \$50.00 for the minimum fee and \$15.00 to cover the prior balance due and late fees - is also enclosed. My apologies for the delay in filing this return. I just became aware of MFN's delinquency.

Please stamp the enclosed copy of this correspondence "received" and return it to me in the enclosed self-addressed and stamped envelope. Additionally, please do not hesitate to call me at the numbers above if you have any questions about the foregoing.

Very truly yours,

Traci Bone
Senior Attorney
Metromedia Fiber Network, Inc.

Cc: Yvette Kitrosser, MFN

Paula J. Isler
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-085

02 JUN 13 AM 9:34
DISTRIBUTION CENTER