

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

(020000)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ462-01-0-R
 Call Sciences, Inc.
 Suite 1100, West Tower
 379 Thornall Street
 Edison, NJ 08837-2225
 CC: P. Isler

FOR PSC USE ONLY

Check# 19438

\$ 50.00 0603001
 003001

\$ 12.50 P. 0603001
 004011

\$ 2.50 I

Postmark Date 6/11/02

Initials of Preparer MK

PERIOD COVERED:
01/08/2001 TO 12/31/2001

DEPOSIT

DATE

Please Complete Below If Official Mailing Address Has Changed

D224 JUN 17 2002

(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>0</u>	<u>0</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: VALUE ADDED RESELLER

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: E*SPR Communications (Miami + Jacksonville)

Address: AT&T (Tampa + Orlando)

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.

M. Aronowitz Director - Legal Affairs 6/6/02
 (Signature of Company Official) (Title) (Date)

Marc Aronowitz Telephone Number (732) 632-3520 (Preparer of Form - Please Print Name) (Telephone Number) (732) 632-3520

F.E.I. No. 22-3277747 06245 JUN 17 02