

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
Estimated Return
Amended Return

P. Isler
CCA
Nonnye

Florida Public Service Commission

(See Filing Instructions on Reverse of Form)

TJ529-01-0-R
Globcom, Inc.
950 Milwaukee Avenue, Suite 215
Glenview, IL 60025-3771

D226

JUN 25 2002

cc: P. Isler

FOR PSC USE ONLY

Check# 2401
\$ 50.00
0603001
003001
Postmark Date 6/20/02
Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

Globcom

(Name of Company)

2100 Sanders Rd. ste 150

(Address)

Northbrook, IL

(City/State)

60062

(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, and TOTAL Telephone Services.

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

(Signature of Company Official)

CEO (Title) 5/10/02 (Date)

Glenn Kofman (Preparer of Form - Please Print Name)

Telephone Number (888) 509-1422 Fax Number ( )