

STATUS:
 Actual Return
 Estimated Return
 Amended Return

*P. Isler
 PCA
 Nonnye*

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TJ463-01-0-R
 Direct Link Communications, Inc.
 5071 Broadway, 2nd Floor
 New York, NY 10034-1131

FOR PSC USE ONLY	
Check#	404007810
\$	50.00 0603001
\$	12.50 003001
\$	2.50 0603001
	004011
Postmark Date	6/27/02
Initials of Preparer	MC

PERIOD COVERED:
 06/22/2001 TO 12/31/2001
 DEPOSIT

DATE: P. Isler

D231 JUL 12 2002 Please Complete Below If Official Mailing Address Has Changed
 (Name of Company) 2557 Amsterdam Ave. (Address) NY, NY (City/State) 10033 (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	\$ <u>0</u>	\$ _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>	<u>50.00</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.50</u>	_____
12.	TOTAL AMOUNT DUE	_____	\$ <u>65.00</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.
 (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
 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.

US _____
 AF _____
 MP: _____ (Signature of Company Official)
 OM: _____
 TR: _____ (Preparer of Form - Please Print Name)
 CR: _____
 P.E.L. No. 13-4024999 DOCUMENT NUMBER 07236 DATE JUL 12 2002
 Telephone Number 212 781 4000 Fax Number 212 781 4036
 Title President Date 6/26/02
 FPC-COMMISSION CLERK