

# Interexchange Company Regulatory Assessment Fee Return

STATUS:

*P. Isler  
CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TJ579-01-0-R  
FONECO LLC  
14201 Carol Manor Drive  
Largo, FL 33774-2040

**ORIGINAL**

PERIOD COVERED:  
12/11/2001 TO 12/31/2001

DEPOSIT

DATE CC: *P. Isler*

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check# <i>1010</i>	
\$ <i>50.00</i>	0603001
\$ <i>12.50</i>	003001
\$ <i>4.00</i>	0603001
	004011
Postmark Date <i>9/3/02</i>	
Initials of Preparer <i>MC</i>	

**D251** SEP 06 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>	AUS
2.	Access Services			CAF
3.	Private Line Services			CMP
4.	Leased Facilities & Circuits Services			COM
5.	Miscellaneous Services			CTR
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>	ECR
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )	( )	GCL
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation			OPC
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		<u>50.00</u>	MMS
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>		SEC <u>1</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>4.00</u>		OTH <u>None</u>
12.	TOTAL AMOUNT DUE		\$ <u>66.50</u>	<i>Hong</i>

\* 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
- Rebiller
- Call Aggregator
- Other: *NO CUSTOMERS*

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip)

What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 19 \_\_\_\_\_

What is the total amount of bond held (if Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

COMPANY INFORMATION

Do you lease telecommunications' facilities?  YES  NO

If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOCUMENT NUMBER - DATE  
**09394 SEP-52**  
FPSC-COMMISSION CLERK

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]* (Signature of Company Official) *CFO* (Title) *9-2-02* (Date)

*HENS ZERBER* (Preparer of Form - Please Print Name)

Telephone Number *247 577 7506* Fax Number *247 577 8657*

F.E.I. No. *59 373 5805*