

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

*P. Isler
CEA*

- Actual Return
- Estimated Return
- Amended Return

TJ574-01-0-R
 Telegenius, Inc.
 2901 Ridgelake Drive, Suite 209
 Metairie, LA 70002-4934
 cc: P. Isler

FOR PSC USE ONLY
 Check# 2695
 \$ 50.00 0603001
 \$ 12.50 P 003001
 \$ 4.00 I 0603001
 004011
 Postmark Date 10/23/02
 Initials of Preparer MC

PERIOD COVERED:
 12/28/2001 TO 12/31/2001

| LINE NO. | ACCOUNT CLASSIFICATION | FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|---|---------------------------------|--------------------|
| 1. | Long Distance Services | \$ 0 | \$ 0 |
| 2. | Access Services | 0 | 0 |
| 3. | Private Line Services | 0 | 0 |
| 4. | Leased Facilities & Circuits Services | 0 | 0 |
| 5. | Miscellaneous Services | 0 | 0 |
| 6. | TOTAL Telephone Services | \$ 0 | \$ 0 |
| 7. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | (0) | (0) |
| 8. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | | 0 |
| 9. | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) | | 50.00 |
| 10. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | 12.50 | |
| 11. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | 4.00 | |
| 12. | TOTAL AMOUNT DUE | | \$ 66.50 |

- AUS
- CAF
- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMG
- SEC
- OTH

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

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] (Signature of Company Official) Asst. Secretary (Title) 10/20/02 (Date)

ELUENAW G. SANDS (Preparer of Form - Please Print Name) Telephone Number (504) 832-1484 Fax Number (504) 831-0892