

Interexchange Company Regulatory Assessment Fee Return

*Out of Business*

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

STATUS:  
 Actual Return  
 Estimated Return  
 Amended Return

*P. Isler  
PCA*

TI609-02-0-R  
 ATS  
 5849 Okeechobee Blvd, Suite 201  
 DEPOSIT Beach, FL 33417-4352  
 DATE FEB 03 2003  
 D3 000 030000-PA

ORIGINAL

FOR PSC USE ONLY  
 Check# 2743  
 \$ 50.00 0603001  
 003001  
 \$ \_\_\_\_\_ P 0603001  
 004011  
 Postmark Date 1/27/03  
 Initials of Preparer MC

PERIOD COVERED:  
 01/01/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>77905.11</u>	\$ <u>19647.82</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	\$ _____	\$ <u>19647.82</u>
7.	LESS Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )	( <u>7261.99</u> )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	<u>12385.82</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	<u>18.58</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	<b>TOTAL AMOUNT DUE</b>	_____	\$ <u>50.00</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 *INACTIVE as 1/27/02*

( ) Facilities-Based Carrier  Reseller ( ) Call Aggregator  
 ( ) Alternate-Operator Service ( ) Rebiller ( ) Other \_\_\_\_\_

BILLING INFORMATION

Complete below if billing agent is 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: \_\_\_\_\_

AUS \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMP \_\_\_\_\_  
 GOM \_\_\_\_\_  
 OTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 OPC \_\_\_\_\_  
 MMS \_\_\_\_\_  
 SEC \_\_\_\_\_  
 OTH \_\_\_\_\_

COMPANY INFORMATION

Do you lease telecommunications' facilities? ( ) YES ( ) NO  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) *Pres.* (Title) *1/28/03* (Date)

*Perold Stalder* (Preparer of Form - Please Print Name) Telephone Number *561-471-1864* Fax Number *561-690-1720*

F.E.I. No. *59-2659610*