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February 19, 2003

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MC

Via Overnight Delivery

Florida Public Service Commission
Division of Records Reporting
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

OSR DATE
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RE: Nexxtworks Long Distance, Inc.

Dear Sirs:

Enclosed please find an original and six (6) copies of Application Form for authority to provide interexchange telecommunications service within the State of Florida, submitted on behalf of Nexxtworks Long Distance, Inc. Also enclosed is the requisite \$250.00 filing fee.

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
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- SEC I
- OTH _____

Please acknowledge receipt of this filing by returning a date stamped copy of this letter in the self-addressed envelope provided.

Thank you for your assistance. Please call with any questions.

Sincerely,

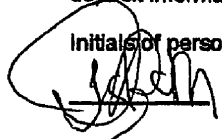


Monica Borne Haab

Enclosure
cc: Debbie Reker, Nexxtworks
(cover only)

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check



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