

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 07/30/2003

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
Estimated Return
Amended Return

P. Isler
VCCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX143-02-0-R
Group Long Distance, Inc.
400 East Atlantic Blvd., 1st Floor
Pompano Beach, FL 33060-6200
D336 APR 08 2003

FOR PSC USE ONLY
Check# 1153
\$ 50.00
Postmark Date 4/8/03
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)

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Includes handwritten entries for various service categories.

* These amounts must be intrastate only and must be verifiable.
** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS
() Facilities-Based Provider
() Reseller
() Other

BILLING INFORMATION
Complete below if billing agent if other than yourself.
NO local service provided

COMPANY INFORMATION
Do you lease telecommunications facilities? () YES (X) NO
If YES, who do you lease these facilities from? Name:
Address:

AUS
CAE 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.
CDM
CDM (Signature of Company Official)
CTR
ECR
GCL
OPC (Preparer of Form - Please Print Name)
MMS
SEC
OTH

Pras (Title)
Telephone Number 215 491-7304
Fax Number 215 491-7304
E.E.I. No. 65-0213198

DOCUMENT NUMBER-DATE
03259 APR -8 8
FPSC-COMMISSION CLERK

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