Alternative Local Exchange	Company Regulatory Assessmen	t Fee Return
		EOD BECLICE ONLY
	blic Service Commission  g Instructions on Back of Form)	FOR PSC USE ONLY Check#
X Actual Return LTX199-02-0-R	ORIGINAL	s 50.00 0603006
Estimated Return Microsun Telecon		003001 p
Amended Kellim	•	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9353 West Sample	•	2.00 004011
PERIOD COVERED: Coral Springs, FL	33065-4167	\\$1
01/01/2002 TO 12/31/2002		Postmark Date 4/21/05
CC: P. =	Isler	Initials of Preparer
Please Complete Be	low If Official Mailing Address Has Changed	,
<b>P342</b> 緣 APR 24 2003		
(Name of Company)	(Address)	(City/State) (Zip)
LINE NO. ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1. Basic Local Services	s	s
2. Long Distance Services (IntraLATA only)**		
3. Access Services		
4. Private Line Services		
5. Leased Facilities & Circuits Services		
6. Miscellaneous Services	<u> </u>	
7. TOTAL REVENUES		\$
8. LESS: Amounts Paid to Other Telecommunications Compani	ies* (see "2. Fees" on back)	
9. Net Intrastate Operating Revenue for Regulatory Assessment I	Fee Calculation (Line 7 less Line 8)	
10. Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		
11. Penalty for Late Payment (see "3. Failure to File by Due Date"		
<ol> <li>Interest for Late Payment (see "3. Failure to File by Due Date"</li> <li>TOTAL AMOUNT DUE</li> </ol>	on back)	¢
* These amounts must be intrastate only and must be verifiable.		<u> </u>
** Other long distance revenue must be listed on the Interexchange Regu	ulatory Assessment Fee Return.	
AS PROVIDED IN SECTION 364.336,	FLORIDA STATUTES, THE MINIMUM ANNU	JAL FEE IS \$50
	RENT COMPANY STATUS	· · · · · · · · · · · · · · · · · · ·
	Reseller Other:	
AUS	Other:	•
CAF CMP. B	BILLING INFORMATION	5 E + 36
CMP Complete below if billing agent if other than yourself.		
CTR		
ECR (Name)	(Address: City/State/Zip)	(Telephone)
OPC CO	OMPANY INFORMATION	<del></del>
MMS Sporyou Topse Telecommunications' facilities? () YES NO		
Off YES, who do you lease these facilities from? Name:		
Address:		
		i de a cere la continua alet
I, the undersigned owner/officer of the above-named company, have true and correct statement. I am aware that pursuant to Section 837.06, F	lorida Statutes, whoever knowingly makes a false statemer	ledge and belief the above information is a
public servant in the performance of his/her duty shall be guilty of a misd	_	1.10.100
(Signature of Company Official)	PRESIDEM (Title)	4/21/03 (Date)
SAM NAMAN		<b>\-</b> ,
(Preparer of Form - Please Print Name)	Telephone Number (154) 227-3(0中) 所能	Ministration (1849)
Carallet and a second a second	F.E.I. No. 65-0765942	3781 APR 24 8
		J/0   APR 24 6

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2003

030000