

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

*P. Isler
CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check#	<u>2113</u>
\$	<u>50.00</u>
	0603006
	003001
\$	P
	0603006
	004011
\$	I
Postmark Date	<u>4/22/03</u>
Initials of Preparer	<u>PK</u>

ORIGINAL

TX596-02-0-R
 VGM International, Inc.
 1111 Kane Concourse, Suite 518
 Bay Harbor Island, FL 33154-2043

CC: P. Isler *030000-PK*

Actual Return _____
 Estimated Return _____
 Amended Return _____

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

D343

APR 28 2003

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.	Basic Local Services	\$ _____	\$ _____	
2.	Long Distance Services (IntraLATA only)**	_____	_____	
3.	Access Services	_____	_____	
4.	Private Line Services	_____	_____	
5.	Leased Facilities & Circuits Services	_____	_____	
6.	Miscellaneous Services	_____	_____	
7.	TOTAL REVENUES			
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)			
9.	Net Intrastate Operating Revenue for Regulatory Assessment 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" on back)			
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)			
13.	TOTAL AMOUNT DUE			

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

* 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.

 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications facilities? () YES X 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.

Harry Ayoulis _____ VP _____ 4/20/03
 (Signature of Company Official) (Title) (Date)

HARRY AYOULIS _____
 (Preparer of Form - Please Print Name)

Telephone Number 305-867-1228 DOCUMENT NUMBER 8659994
 Fax Number _____
 F.E.I. No. 65-0612783 **03837** APR 25 8