

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

*P. Isler  
CCA*

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

**ORIGINAL**

TX617-02-0-R  
SwiftTel **DS 45** MAY 02 2003  
385 East Drive  
Melbourne, FL 32904-1030  
**cc: P. Isler**

FOR PSC USE ONLY  
Check# **1425**  
\$ **50.00** 0603006  
003001  
\$ \_\_\_\_\_ P 0603006  
004011  
Postmark Date **4/29/03**  
Initials of Preparer **PK**

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	\$ <u>0</u>	\$ <u>0</u>
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		

\* 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  
(X) Other: maintaining license, but not operating

BILLING INFORMATION in telecommunications industry

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.

Stacey Biddix (Signature of Company Official) Owner (Title) 4/15/03 (Date)  
Stacey Biddix (Preparer of Form - Please Print Name)  
Telephone Number 321 308-2912 Fax Number 321 308-2930  
F.E.I. No. 59-3730572