

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

11/04/2002 TO 12/31/2002

TJ706-02-0-R 030000-PV
 Premier Telecom, Inc.
 1451 W. Cypress Creek Road, Suite 300
 Ft. Lauderdale, FL 33309-1953
 DEPOSIT DATE
DS 460 MAY 07 2003

FOR PSC USE ONLY
 Check# 1037
 \$ 50.00 0603001
 003001
 P 0603001
 004011
 I
 Postmark Date 5/2/03
 Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

Premier Telecom, Inc
 (Name of Company)

400 E Atlantic Blvd Suite A
 (Address)

Pompano Beach, FL
 (City/State)

33060
 (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|--|---------------------------------|--------------------|
| 1. | Long Distance Services | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 2. | Access Services | | |
| 3. | Private Line Services | | |
| 4. | Leased Facilities & Circuits Services | | |
| 5. | Miscellaneous Services | | |
| 6. | TOTAL Telephone Services | \$ _____ | \$ _____ |
| 7. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | (_____) | (_____) |
| 8. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | | |
| 9. | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) | | |
| 10. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | | |
| 11. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | | |
| 12. | TOTAL AMOUNT DUE | | \$ <u>50.00</u> |

- AUS
- CAF
- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMS
- SEC
- OTH None

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

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

ILD Telecommunications
 (Name)

(Address: City/State/Zip)

(800) 289-9170
 (Telephone)

What is the total amount of customer deposits collected?
 Amount: \$ 0.00 for 19 _____

What is the total amount of bond held (if applicable)?
 Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications facilities? YES 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.

Jim Ryles
 (Signature of Company Official)

Vice-President
 (Title)

05/01/03
 (Date)

Jim Ryles
 (Preparer of Form - Please Print Name)

Telephone Number 954 784 6618 Fax Number 954 _____

F.E.I. No. 04 359 4963 04 120 MAY -7 8