

ORIGINAL

1999 RA P & P+I, 1998 P+I, 2002 RA P & P+I

041263-1

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

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- X Actual Return
Estimated Return
Amended Return

T. McCoy
CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

T1055
Capsule Communications Inc
1720 Windward Concourse, Suite 250
Alpharetta, GA 30005

DS 4611

MAY 07 2003

FOR PSC USE ONLY

Check# 11860
\$ 988.19
\$ 99.97
\$ 19.99
Postmark Date 4/30/03
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. Rows include Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, and TOTAL AMOUNT DUE.

\* These amounts must be intrastate only and must be verifiable.

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

CURRENT COMPANY STATUS

- ( ) Facilities-Based Carrier (X) Reseller ( ) Call Aggregator
( ) Alternate-Operator Service ( ) Rebillor ( ) Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)
What is the total amount of customer deposits collected?
Amount: \$ for 19
What is the total amount of bond held (if applicable)?
Amount: \$ Expires:

COMPANY INFORMATION

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

AUS
CAF
CMP
COM
CTR
ECR
GCL
OPC
MMS
SEC
OTH

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.

(Signature of Company Official)
Patrick Hardy
(Preparer of Form - Please Print Name)

PRESIDENT & CEO (Title)
APRIL 28/03 (Date)
Telephone Number (678) 775-2244 Fax Number (678) 775-2254
F.E.I. No. 22-3055962

DOCUMENT NUMBER - DATE

04126 MAY-78

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FPSC-COMMISSION CLERK