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

# Alternative Local Exchange Company Regulatory Assessment Fee Return

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

**STATUS:**

_P. Isler_
_PCA_

- [X] Actual Return
- [ ] Estimated Return
- [ ] Amended Return

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

D847 MAY 08 2003

TX595-02-0-R
CariLink International, Inc.
9550 Bay Harbor Terrace, Suite 215
Bay Harbor Island, FL 33154-2024

CC: P. Isler

| FOR PSC USE ONLY | |
|---|---|
| Check# 1500 | |
| $ 162.87 | 0603006 003001 |
| $ 33.57 | P 0603006 |
| $ 6.71 | 004011 I |
| Postmark Date 5/5/03 | |
| Initials of Preparer mc | |

**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 | $ 223,822.43 | $ 223,822.43 |
| 2. | Long Distance Services (IntraLATA only)** | | |
| 3. | Access Services | | |
| 4. | Private Line Services | | |
| 5. | Leased Facilities & Circuits Services | | |
| 6. | Miscellaneous Services | | |
| 7. | TOTAL REVENUES | | $ 223,822.43 |
| 8. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | | 111,911.22 (50% of sc) |
| 9. | Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8) | | 111,911.22 |
| 10. | Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015) | | 167.87 |
| 11. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | 33.57 | |
| 12. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | 6.71 | |
| 13. | TOTAL AMOUNT DUE | | $ 20f.15 |

\* These amounts must be <u>intrastate only</u> 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**

| | |
|---|---|
| AUS | |
| CAF | |
| CMP | |
| COM | |
| CTR | |
| ECR | |
| GCL | |
| OPC | |
| MMS | |
| SEC | / |
| OTH | |

## CURRENT COMPANY STATUS

( ) Facilities-Based Provider

- [X] 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.

X _____ (Signature of Company Official) | _____ Manging Director (Title) | _____ (Date)

JASON R. KOVAN ESQ.
(Preparer of Form - Please Print Name)

Telephone Number (300) 865-49 | Fax Number ( )
F.E.I. No. 65114570

PSC/CMU-7 (Rev. 11/11/99)