

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

*P. Isler
CCA*

TJ515-02-0-R
Talk Visual Corporation
3550 Biscayne Blvd., Suite 704
Miami, FL 33137-3857

CC: P. Isler

FOR PSC USE ONLY	
Check# <u>15234</u>	
\$ <u>130.59</u>	0603001
\$ <u>25.86</u>	003001
\$ <u>5.17</u>	0603001
	004011
Postmark Date <u>5/5/03</u>	
Initials of Preparer <u>MC</u>	

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

DS47 MAY 08 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.	Long Distance Services	\$ <u>6,677,203</u>	\$ <u>80,554</u>
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services	<u>57,521</u>	<u>5,638</u>
6.	TOTAL Telephone Services	\$ <u>6,734,724</u>	\$ <u>86,192</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		<u>86,192</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		<u>129.29</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>25.86</u>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>6.47</u>	
12.	TOTAL AMOUNT DUE		\$ <u>161.62</u>

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

* 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
- () Alternate-Operator Service
- Reseller
- () Rebiller
- () Call Aggregator
- () 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 () NO

If YES, who do you lease these facilities from? Name: Multiple Providers

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 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 public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Harley L. Rollins
(Signature of Company Official)

President
(Title)

HARLEY L. ROLLINS
(Preparer of Form - Please Print Name)

Telephone Number (305) 572-0575 Fax Number (305)

F.E.I. No. 95-4561156

DOCUMENT NUMBER - 04
04163 MAY - 8
PSC - COMMISSION OF FRIE