

SECOND SUBMISSION X

Alternative Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
Estimated Return
[X] Amended Return

P. Isler
CCA

TX471-02-0-R
AMTEL NETWORK, INC.
919 Dilworth Street
St. Marys, GA 31558-8695
DEPOSIT DATE
CC: P. Isler D 352 MAY 29 2003

FOR PSC USE ONLY
Check# 22350
\$ 50.00 0603006
\$ 6.18 003001
Postmark Date 5/25/03
Initials of Preparer MK

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. Includes rows for Basic Local Services, Long Distance Services, Access Services, etc.

* 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
() 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 () 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.
Signature of Company Official: RAQUEL A. LANGRISHAN
Title: CFO
Date: 4/30/03
Telephone Number: (912) 673-6000 Fax Number:
F.E.I. No.: 58-2030763

DOCUMENT NUMBER: 04778
DATE: MAY 28 '03
FPSC - COMMISSION CLERK