

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

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

FOR PSC USE ONLY	
Check# <u>2190</u>	
\$ <u>50.00</u>	0603001
\$ <u>10.00</u>	003001
\$ <u>2.00</u>	0603001
	004011
Postmark Date <u>5/29/03</u>	
Initials of Preparer <u>TC</u>	

STATUS:
 Actual Return
 Estimated Return
 Amended Return

P. J. S. / CA

TJ518-02-0-R
 TotalCom America Corporation 030000-Pu
 9th Floor
 111 N.E. 1st Street, Suite 900
 Miami, FL 33132-2517
 DEPOSIT DATE
0354 JUN 04 2003

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

Please Complete Below If Official Mailing Address Has Changed

TOTALCOM AMERICA 111 NE 1ST ST 900 MIAMI FL 33132
 (Name of Company) (Address) (City/State) (Zip)

LINE NO	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>23,059</u>	\$ <u>—</u>
2.	Access Services	<u>—</u>	<u>—</u>
3.	Private Line Services	<u>—</u>	<u>—</u>
4.	Leased Facilities & Circuits Services	<u>—</u>	<u>—</u>
5.	Miscellaneous Services	<u>—</u>	<u>—</u>
6.	TOTAL Telephone Services	\$ <u>23,059</u>	\$ <u>—</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>—</u>	<u>—</u>
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	<u>23,059</u>	<u>23,059</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	<u>—</u>	<u>34.59</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>10.00</u>	<u>—</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.00</u>	<u>—</u>
12.	TOTAL AMOUNT DUE	<u>—</u>	\$ <u>62.00</u>

* 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 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 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.

[Signature] Administrator 5-29-03
 (Signature of Company Official) (Title) (Date)

KARA L MARTINEZ
 (Preparer of Form - Please Print Name)

Telephone Number (305) 372-3400 Fax Number (305) 372-9100
 F.E.I. No. 650-794532

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 FPSC-COMMISSION CLERK