

ORIGINAL

030576-TP

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

Interexchange Company Regulatory Assessment Fee Return

See TG 525 &

CK Amt \$345.00

STATUS:

No Grant
P. Isler
CCA

Florida Public Service Commission TX367
(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TJ305-02-0-R DEPOSIT DATE
 Meridian Telecom, Inc.
 P. O. Box 423247 D 360 JUN 27 2003
 Kissimmee, FL 34742-3247
 CC: P. Isler

FOR PSC USE ONLY
 Check# 1112
 \$ 50.00 0603001
 \$ 12.50 P 003001
 \$ 2.50 0603001
 004011
 Postmark Date 6/23/03
 Initials of Preparer MC

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

Please Complete Below if Official Mailing Address Has Changed

Meridian Telecom, Inc (Name of Company) P.O. Box 700476 (Address) St. Cloud, FL 34770 (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ 0
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ 0
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(50.00)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	50.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.50	_____
12.	TOTAL AMOUNT DUE	_____	\$ 65.00

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

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES.

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- 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.

Paul M. Britt (Signature of Company Official) President (Title) 6/29/03 (Date)

AM Brothers (Preparer of Form - Please Print Name)

Telephone Number (407) 891-7055 Fax Number (407) 891-8472

F.E.I. No. 59-3417035

PSC/CMU-153 (Rev. 11/1/99)

DOCUMENT NUMBER DATE
05723 JUN 27 0
FPSC-COMMUNICATIONS CLERK

Interexchange Company Regulatory Assessment Fee Return

Chk Amt #345.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

N. Giant
P. Isler
CCA

Florida Public Service Commission TX367
(See Filing Instructions on Back of Form)

See TG525+

TJ305-03-0-R DEPOSIT DATE
Meridian Telecom, Inc.
P. O. Box 423247
Kissimmee, FL 34742-3247
D-360 JUN 27 2003
cc: P. Isler

FOR PSC USE ONLY
Check# 1112
\$ 5000 0603001
\$ _____ P 003001
\$ _____ 0603001
\$ _____ 004011
Postmark Date 6/23/03
Initials of Preparer MC

PERIOD COVERED:
01/01/2003 TO 12/31/2003

Please Complete Below If Official Mailing Address Has Changed

Meridian Telecom, Inc P.O. Box 700426 St. Cloud, FL 34770
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ 0
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ 0
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ 50.00

* 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
- Rebiller
- 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]
(Signature of Company Official)
AM Braswell
(Preparer of Form - Please Print Name)

President 6/24/03
(Title) (Date)
Telephone Number (407) 891-7055 Fax Number (407) 891-0472
F.E.I No 59-3417035

Pay Telephone Service Provider Regulatory Assessment Fee Return

2002 + 2003 Pymt

See TJ305 + TX367 ck Amt \$345.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

N. Grant
P. Ister
ICA

Florida Public Service Commission

(See Filing Instructions on Back Sheet)

TG525-02-0-R	DEPOSIT	DATE
Meridian Telecom, Inc. 360		JUN 27 2003
P. O. Box 423247		
Kissimmee, FL 34742-3247		
cc: P. Ister		

FOR PSC USE ONLY	
Check# 1112	
\$ 100.00	0603002 003001
\$ 12.50	P 0603002 004011
\$ 2.50	
Postmark Date 6/23/03	
Initials of Preparer MC	

PERIOD COVERED:
01/01/2002 TO 12/31/2002
01/01/2003 to 12/31/2003

Please Complete Below If Official Mailing Address Has Changed

Meridian Telecom, Inc. P.O. Box 700426 ST. Cloud, FL 34770
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.50
8.	TOTAL AMOUNT DUE	\$ 65.00

2003 50.00
115.00

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$500
THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

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

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 official duty shall be guilty of a misdemeanor of the second degree.

[Signature]
(Signature of Company Official)
AM Brothers
(Preparer of Form - Please Print Name)

President (Title) 6/24/03 (Date)
Telephone Number (407) 891-7055 Fax Number (407) 891-8972
F.E.I. No. 59-741-7035

Alternative Local Exchange Company Regulatory Assessment Fee Return

ex Amt \$345.00

N. Grant
P. Isler
CEA

See TJ305 & TG525

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- _____ Actual Return
- _____ Estimated Return
- _____ Amended Return

DEPOSIT DATE

TX367-02-0-R
Meridian Telecom, Inc. D 360 JUN 27 2003
P. O. Box 423247
Kissimmee, FL 34742-3247

cc: P. Isler

FOR PSC USE ONLY

Check# 1112

\$ 50.00 0603006
003001

\$ 12.50 P 0603006
004011

\$ 2.50 I

Postmark Date 6/23/03

Initials of Preparer MC

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

Please Complete Below if Official Mailing Address Has Changed

Meridian Telecom, Inc P.O. Box 700426 St Cloud, FL 34720

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ <u>0</u>
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ <u>0</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	<u>50.00</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.50</u>	_____
13.	TOTAL AMOUNT DUE	_____	\$ <u>65.00</u>

* 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. 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] President 6/29/03
(Signature of Company Official) (Title) (Date)

AB Rosales
(Preparer of Form - Please Print Name)

Telephone Number (407) 891-2025 Fax Number (407) 891-8472

F.E.I. No. 59-3417035

Competitive Local Exchange Company Regulatory Assessment Fee Return

See TJ305 & TG525 CLE Amt \$345.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

N. Grant
P. Isler
CCA

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

TX367-03-0-R DEPOSIT DATE
Meridian Telecom, Inc.
P. O. Box 423247 0360 JUN 27 2003
Kissimmee, FL 34742-3247
CC: P. Isler

FOR PSC USE ONLY
Check# 1112
\$ 50.00 0603006
003001
\$ P 0603006
004011
Postmark Date 6/23/03
Initials of Preparer MC

PERIOD COVERED:
01/01/2003 TO 12/31/2003

Please Complete Below If Official Mailing Address Has Changed

Meridian Telecom, Inc. P.O. Box 700426 St Cloud, FL 34770
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ 0
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	TOTAL AMOUNT DUE	_____	\$ 50.00

- * 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. 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]
(Signature of Company Official)

President 6/24/03
(Title) (Date)

Ann Brasidas
(Preparer of Form - Please Print Name)

Telephone Number (407) 891-7005 Fax Number (407) 891-8472
F.E.I. No. 59-3417035



June 24, 2003

Fiscal Section
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Ref: TX367-02-0-R

Dear Ms. Isler

Please find enclosed the Assessment Fee Return forms for Meridian Telecom, Inc. ALEC, IXC, and Payphone certifications for 2002, 2003, and a check in the amount of \$345.00 for the fees and penalties that we owe.

Meridian Telecom, Inc. wishes to cancel all our certification with the Florida Public Service Commission effective immediately. Meridian is no longer doing business and has no customers.

Thank You

Sincerely

Richard M. Brothers
President