

Interexchange Company Regulatory Assessment Fee Return

030000-AR

**ORIGINAL**

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler  
CCA

TI517-02-0-R  
 Voiceware Systems Corporation  
 1109 Okeechobee Road, DEPOSIT DATE  
 West Palm Beach, FL 33401-6234  
 CC: P. Isler  
 D 367 JUL 22 2003

**FOR PSC USE ONLY**  
 Check# 27002  
 \$ 50.00 0603001  
 \$ 12.50 003001  
 \$ 3.00 0603001  
 004011  
 Postmark Date 7/16/03  
 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.	Long Distance Services	\$ _____	\$ _____	
2.	Access Services	_____	_____	
3.	Private Line Services	_____	_____	
4.	Leased Facilities & Circuits Services	_____	_____	
5.	Miscellaneous Services	<u>4,614.58</u>	<u>4,614.58</u>	AUS _____
6.	<b>TOTAL Telephone Services</b>	\$ <u>4,614.58</u>	\$ <u>4,614.58</u>	CAF _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )	( _____ )	CMP _____
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>	_____	<u>4,614.58</u>	COM _____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	<u>6.92</u>	CTR _____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____	ECR _____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____	GCL _____
12.	<b>TOTAL AMOUNT DUE</b>	_____	\$ _____	OPC _____

\* 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.

Zully Betron  
 (Signature of Company Official)  
Zully Betron  
 (Preparer of Form - Please Print Name)

Accounting (Title) 7-15-03 (Date)  
 Telephone Number (561) 803 5439 Fax Number (561) 803 5439  
 F.E.I. No 65-046668191 JUL 21 8

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