

ORIGINAL

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

Interexchange Company Regulatory Assessment Fee Return

2000 P+I, 2001 P+I and 2002 P+I and RAF and P+I

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
 Estimated Return
 Amended Return

*P. Isler
CCA*

TJ071-02-0-R MicroSun Telecommunications, Inc. 9353 West Sample Road, Suite 201 Coral Springs, FL 33065-4167 CC: P. Isler	DEPOSIT DATE D 375 AUG 13 2003
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PERIOD COVERED:
01/01/2002 TO 12/31/2002

FOR PSC USE ONLY	
Check# <u>2482</u>	AUG 12 PM 3: 5
\$ <u>50.00</u>	0603001 003001 P CLERK 0603001 004011
\$ <u>25.00</u>	
\$ <u>6.00</u>	
Postmark Date: <u>8/9/03</u>	
Initials of Preparer: <u>MC</u>	

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE	
1.	Long Distance Services	\$ <u>117,893</u>	\$ <u>23,578</u>	
2.	Access Services			
3.	Private Line Services			
4.	Leased Facilities & Circuits Services			
5.	Miscellaneous Services			
6.	TOTAL Telephone Services	\$ <u>117,893</u>	\$ <u>23,578</u>	
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>85,600</u>)	(<u>17,120</u>)	
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		<u>6,458</u>	
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		<u>50</u>	
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>3.50</u>		
12.	TOTAL AMOUNT DUE		\$ <u>66.00</u>	

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC I
- 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 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.

Janet Raman
 (Signature of Company Official)
JANET RAMAN
 (Preparer of Form - Please Print Name)

Vice President 8/8/03
 (Title) (Date)
 Telephone Number 954 227-3600 ext. 1 Fax Number 954 227-9600
 F.E.I. No. 65-0765-942

DOCUMENT NUMBER DATE

07401 AUG 12 03

FPSC-COMMISSION CLERK