

ORIGINAL

Interexchange Company Regulatory Assessment Fee Return

(030000)

See TX325 CK Amt \$100.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ381-03-0-R ESSEX COMMUNICATIONS CO
 eLEC Communications
 543 Main Street
 New Rochelle, NY 10801-7214
 DEPOSIT DATE
 CC: P. Isler D376 AUG 15 2003

FOR PSC USE ONLY
 Check# 7612
 \$ 50.00 0603001
 003001
 \$ _____ P 0603001
 004011
 \$ _____ I
 Postmark Date 8/17/03
 Initials of Preparer MC

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

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 | \$ _____ | \$ 0 | AUS _____ |
| 2. | Access Services | _____ | 0 | CAF _____ |
| 3. | Private Line Services | _____ | 0 | CMP _____ |
| 4. | Leased Facilities & Circuits Services | _____ | 0 | COM _____ |
| 5. | Miscellaneous Services | _____ | 0 | CTR _____ |
| 6. | TOTAL Telephone Services | \$ _____ | \$ 0 | ECR _____ |
| 7. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | (_____) | (0) | GCL _____ |
| 8. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | _____ | 0 | OPC _____ |
| 9. | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) | _____ | 0 | MMS _____ |
| 10. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | _____ | 0 | SEC _____ |
| 11. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | _____ | 50.00 | OTH _____ |
| 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
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- 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)

Accounting Manager
(Title)

8-6-03
(Date)

(Preparer of Form - Please Print Name)

Telephone Number () Fax Number ()

F.E.I. No. _____

DOCUMENT NUMBER-DATE

07504 AUG 15 8