

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004

Competitive Local Exchange Company Regulatory Assessment Fee Return #100.00

P. Isler  
CCA

See TJ381

FOR PSC USE ONLY

Check# 7612

\$ 50.00 0603006  
003001

\$ \_\_\_\_\_ P 0603006  
004011

\$ \_\_\_\_\_

Postmark Date 8/7/03

Initials of Preparer MC

STATUS:

- Actual Return
- Estimated Return
- Amended Return

D37

TX325-03-0-R ESSEA COMMUNICATIONS

eLEC Communications

543 Main Street DEPOSIT DATE

New Rochelle, NY 10801-7214

CC: P. Isler D376 AUG 15 2003

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.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	\$ _____	\$ _____
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	\$ _____	\$ <u>50.00</u>

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC \_\_\_\_\_
- OTH \_\_\_\_\_

\* 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.

Sean Tan (Signature of Company Official) Accounting Manager (Title) 8-6-03 (Date)

(Preparer of Form - Please Print Name) Telephone Number ( ) DOCUMENT NUMBER - DATE 07505 AUG 15 8

F.E.I. No. \_\_\_\_\_