

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/03

Alternative Local Exchange Company Regulatory Assessment Fee Return

CK Amt #116.50

STATUS:

P. Isler
LLA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX565-02-0-R
Global Telecom Systems, Inc.
10 South 4th Street
Defuniak Springs, FL 33435-1906
DEPOSIT DATE
D 380 SEP 04 2003

FOR PSC USE ONLY	
Check#	1031
\$	50.00 0603006
\$	12.50 P 003001
\$	4.00 I 0603006
	004011
Postmark Date	8/29/03
Initials of Preparer	MC

- Actual Return
- Estimated Return
- Amended Return

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

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		

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- EGR _____
- 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.

 (Signature of Company Official) CEO (Title) _____ (Date)
 Gregory R. McHenry
 (Preparer of Form - Please Print Name) Telephone Number 850 892 4757 Fax Number 850-957-2952

Document # 030631-TX
 Please cancel our cert, indicate no longer in business
 DOCUMENT NUMBER-DATE 8231 SEP-4 03
 PSC-COMMISSION CLERK

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Initials of Preparer MK

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LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
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(Signature of Company Official)
 _____ (Title)
 _____ (Date)
 Telephone Number 850 992-4751 Fax Number 850 951-2452
 (Preparer of Form - Please Print Name)

Doclet # 030631-TX Please cancel our
 No longer in business certificate.