

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

Competitive Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FSK
Rec'd 1/5

358.25

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX270-02-0-R
 Fusion Telecom
 1415 West Cypress Creek Road, #220
 Ft. Lauderdale, FL 33309-1955

PERIOD COVERED:

01/01/2001 to 12/31/2001

Docket No. 030620-TX (Isler)

FOR PSC USE ONLY

Check# 0127RS

\$ 226.24 0603006
003001

\$ 56.56 P 0603006
004011

\$ 25.45 I

Postmark Date 10/24/03

Initials of Preparer RT

391 6 OCT 28 2003 Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

US
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TH

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$	\$
2.	Long Distance Services (IntraLATA only)**	2,100,869	150,826
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 150,826
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		150,826
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		226.24
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	56.56	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	25.45	
13.	TOTAL AMOUNT DUE		\$ 308.25

* 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

() Facilities-Based Provider

CURRENT COMPANY STATUS
 () Reseller
 () Other

Complete below if billing agent if other than yourself.

BILLING INFORMATION

(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.

Bachara Hughes Vice President of Finance 10/24/03
 (Signature of Company Official) (Title) (Date)

STUART Blitz Telephone Number (954) 331-2400 Fax Number (954) 493-8449
 (Preparer of Form - Please Print Name)

F.E.I. No. 65-0527930 DOCUMENT NUMBER-DATE

6376-600-000

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