

Competitive Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

Florida Public Service Commission

(See Filing Instructions on Back of Form)

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:  
 01/01/2002 TO 12/31/2002

Docket No. 030620-TX (Isler)

**FOR PSC USE ONLY**

Check# 0120285

\$ 50.00 0603006  
 003001

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

Postmark Date 10-24-03

Initials of Preparer RT

391 OCT 28 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)**	\$ <u>0</u>	\$ <u>0</u>
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ <u>0</u>
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</u>

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\* 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 \_\_\_\_\_

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.

Barbara Hughes  
 (Signature of Company Official) Vice President of Finance 10/29/03  
 (Title) (Date)

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

F.E.I. No. 65-0527930