

ORIGINAL

**EBC.**  
OFFICE CENTERS

COMMISSION  
CLERK

04 JAN 12 AM 8:38

RECEIVED FPSC

January 7, 2004

Ms. Paula J. Isler  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Cover letter Sent via facsimile 850-413-6503 with original and attachments sent via Fedex

Re: Executive Business Centers  
Docket No. 031012-TS  
Docket No. 030760-TI

Dear Ms. Isler:

I am in receipt of your facsimile regarding our Regulatory Assessment Fees and associated fines. I apologize for not including all applicable information with the original letter.

As I had mentioned in the letter, we have had to eliminate our employee who was in charge of our compliance with the Florida PSC. This was necessary due to a severe economic downturn in our industry and substantial economic losses we have incurred over the past twenty-four months. With the transition of duties, items had fallen between the cracks and, unfortunately, this was one of those.

Regarding assurances that we will file on time in the future, I can tell you that I have taken these duties on myself due to the loss of staff. I have set reminders for these important forms and will personally complete them in the future.

Since we are already into the New Year, I have prepared the forms for 2003 and included them with this letter along with payment in full.

We respectfully ask that considering the above facts, and the returns accompanying this letter, that the fines be removed. If this is not possible, as you explained in your fax, please let this serve as our request for the minimum fines of \$500 and \$100 for the respective fees.

I thank you again for working with us on this and please contact me if you should need any additional information.

Sincerely,

  
Douglas C. Trivers  
Corporate Controller

Enclosures

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

*1 copy to each docket*

DOCUMENT NUMBER-DATE

CORPORATE OFFICES

00444 JAN 12 40

# Interexchange Company Regulatory Assessment Fee Return

*Paula Records*  
 STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

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

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ008-03-0-R  
 Executive Business Centers, Inc.  
 6465 East Johns Crossing, Suite 400  
 Duluth, GA 30097-1581

FOR PSC USE ONLY	
Check#	1003408
\$	54.15
	0603001
	003001
\$	
	P
	0603001
	004011
\$	54.15
	I
Postmark Date	1-9-04
Initials of Preparer	RT

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	\$ 47,382-	\$ 47,382-
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	<b>TOTAL Telephone Services</b>	\$ 47,382-	\$ 47,382-
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 11,280- )	( 11,280- )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		36,102
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		54.15
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	<b>TOTAL AMOUNT DUE</b>		\$ 54.15

\* 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      ( ) Call Aggregator  
 ( ) Alternate-Operator Service      ( ) Rebiller      ( ) 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.

x *Brian J. Winchell* (Signature of Company Official)      vice president (Title)      1/7/04 (Date)  
 Brian J. Winchell VP (Preparer of Form - Please Print Name)      Telephone Number (770) 814-4300 Fax Number (770) 814-4360  
 F.E.I. No. \_\_\_\_\_

**Shared-Tenant Service Provider Regulatory Assessment Fee Return**

*Paula  
Records*

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check# <u>1003407</u>	
\$ <u>54.15</u>	0603003 003001
\$ _____	P 0603003 004011
\$ _____	I
Postmark Date <u>1-09-04</u>	
Initials of Preparer <u>RT</u>	

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TS183-03-0-R  
Executive Business Centers, Inc.  
6465 East Johns Crossing, Suite 400  
Duluth, GA 30097-1581

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	AMOUNT
1.	Gross Intrastate Operating Revenue	\$ <u>47,382-</u>
2.	LESS: Amounts Paid to Other Telecommunications Companies*  (see "2. Fees" on back)	<u>11,280-</u>
3.	Net Intrastate Operating Revenue for Regulatory Assessment Fee  Calculation (Line 1 less Line 2)	<u>36,102-</u>
4.	Regulatory Assessment Fee Due (Multiply Line 3 by 0.0015)	<u>54.15</u>
5.	Penalty For Late Payment (see "3. Failure to File by Due Date" on back)	_____
6.	Interest For Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	TOTAL AMOUNT DUE	\$ <u>54.15</u>

\* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

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 official duty shall be guilty of a misdemeanor of the second degree.

*Brian J. Washburn*  
\_\_\_\_\_  
(Signature of Company Official)

vllc president 1/7/04  
\_\_\_\_\_  
(Title) (Date)

Brian J. Washburn VP  
\_\_\_\_\_  
(Preparer of Form - Please Print Name)

Telephone Number (770) 814-4300 Fax Number (770) 814-4360