

REDACTED

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

ORIGINAL

Competitive Local Exchange Company Regulatory Assessment Fee Return

Status:

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

undocketed

- X Actual Return
Estimated Return
Amended Return

TA062-03-2-R
AT&T Communications of the Southern States, LLC
101 N. Monroe Street, Suite 700
Tallahassee, FL 32301
Attn: Brian Musselwhite

FOR PIC USE ONLY
Check #
\$ 0603006
003001
\$ P
60300
06400
\$ I
Postmark Date
Initials of Preparer

PERIOD COVERED:
07/01/2003 To 12/31/2003

Please Complete Below If Official Mailing Address Has Changed

Please note that the information in the address box above has been updated.

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTERSTATE REVENUE. Rows include Long Distance Services, Access Services, Private Line Services, etc.

- * These amounts must be interstate 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 MINIMAL ANNUAL FEE IS \$50.

CURRENT COMPANY STATUS
() Facilities-Based Provider
() Reseller
() Other

BILLING INFORMATION
Complete below if billing agent other than yourself
Name (Address - City, State, Zip) Telephone

COMPANY INFORMATION
Do you use electronic filing services? () YES () NO
YES () NO () Name
Address

I, the undersigned, being an 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 337.06, 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) James F. Dionne Regulatory Controller (Title) 21-Jan-04 (Date)

Continued on Reverse Telephone Number (905) 234-6458 Fax Number (905) 532-1809
(Preparer of Form - Please Print Name) F.E.I. No. 02-2473172

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

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/02/2004.

Interexchange Company Regulatory Assessment Fee Return

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

X Actual Return
 _____ Estimated Return
 _____ Amended Return

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

TJ615-03-2-R
 AT&T Communications of the Southern States, LLC
 101 N. Monroe Street, Suite 700
 Tallahassee, FL 32311
 Attn: Brian Musselwhite

FOR PSC USE ONLY	
Check #	
\$	0603001
	003001
\$	P
	0603001
	004011
\$	
Postmark Date	
Initials of Preparer	

Please Complete Below If Official Mailing Address Has Changed
 Please note that the information on the address box above has been updated

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA		INTERSTATE REVENUE	
		INTRA-STATE OPERATING REVENUE	INTRA-STATE REVENUE		
1	Long Distance Services	\$	_____	\$	_____
2	Access Services		_____		_____
3	Private Line Services		_____		_____
4	Leased Facilities & Circuits Services		_____		_____
5	Miscellaneous Services		_____		_____
6	TOTAL Telephone Services	\$	_____	\$	_____
7	LEAS - Amounts Paid to Other Telecommunications Companies* (see FD Fee Form back)		_____		_____
8	TOTAL REVENUES For Regulatory Assessment Fee Calculation		_____		_____
9	Regulatory Assessment Fee (see FD Fee Form back)		_____		_____
10	Regulatory Assessment Fee (see FD Fee Form back)		_____		_____
11	Regulatory Assessment Fee (see FD Fee Form back)		_____		_____
12	TOTAL AMOUNT DUE		_____		_____

* These amounts may be applicable to the current period.

NOTE:
 * No payment is due to the PSC for the amount due to AT&T Communications of the Southern States, LLC from 2003. Outstanding credit balance due AT&T is \$_____ minus \$_____ interest assessment and \$_____ for penalty assessment = \$_____.

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

CURRENT COMPANY STATUS

() Facilities-Based Carrier () Reseller
 () Alternative Operator Service () Reseller
 () Call Aggregator
 () Other _____

BILLING INFORMATION

Complete below if billing agent is other than yourself

(Name) _____ (Address, City, State/Zip) _____ Telephone: _____

What is the total amount of customer deposits collected*
 Amount \$ _____ for 2003

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 357.66, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duties shall be guilty of a misdemeanor of the second degree.

Signature of Company Official: James F. Diorne _____ Date: 1/Jan/04
 Title: _____

Doretha van der Weij _____ Telephone Number: (908) 234-2458 Fax Number: (908) 532-1809
 (Preparer of Form - Please Print Name) FEILING No: 00-2478172

PSC CMP-153 (Rev. 11/11/99)

Pay Telephone Service Provider Regulatory Assessment Fee Return

State:
 Actual Return
 Estimated Return
 Amended Return

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

TG861-03-0-R
AT&T Communications of the Southern States, LLC
 101 N. Monroe Street, Suite 700
 Tallahassee, FL 32301
 Attn: Brian Musselwhite

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

FOR PSC USE ONLY	
Check #	
\$	0603002
	009001
\$	P
\$	
Payment Date	
Amount of Payment	

Please Complete Below if Official Mailing Address Has Changed

Please note that the information in the address box above has been updated

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ [REDACTED]
2.	Gross Intrastate Revenue	[REDACTED]
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	[REDACTED]
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ [REDACTED]
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	[REDACTED]
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	[REDACTED]
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	[REDACTED]
8.	TOTAL AMOUNT DUE	\$ [REDACTED]

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

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED.

9. Number of pay telephones in operation at close of period covered by this Return _____

* These amounts must be intrastate only and must be verifiable

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 377.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duties shall be guilty of a misdemeanor of the second degree.

Paul J. Dannecker
 Paul J. Dannecker
 (Signature of Company Officer)

 District Manager
 (Title)

01/27/2004
 (Date)

Lynette Meeker
 (Preparer of Form - Please Print Name)

Telephone Number 732-420-6408 Fax Number 732-420-6861
 F.F.I. No. 22-2473172

Competitive Local Exchange Company Regulatory Assessment Fee Return

Status:

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

Actual Return
 Estimated Return
 Amended Return

TA032-03-2-R
TCG South Florida
101 N. Monroe Street, Suite 700
Tallahassee, FL 32301
Attn: Brian Musselwhite

FOR PSC USE ONLY	
Check #	0603006
\$	003001
\$	P
\$	I
For mark Date	
Initials of Preparer	

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

Please Complete Below if Official Mailing Address Has Changed

Please note that the information in the address box above has been updated

(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 0.015)		_____
11	Penalty for Late Payment (see "3. Failure to File" Due Date on back)		_____
12	Interest on Late Payment (see "3. Failure to File" Due Date on back)		_____
13	TOTAL AMOUNT DUE		\$ _____

* These amounts must be intrastate only and must be verifiable
** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return

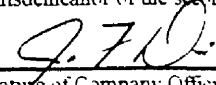
AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMAL ANNUAL FEE IS \$50.

CURRENT COMPANY STATUS
 Facilities-Based Provider
 Reseller
 Other _____

BILLING INFORMATION
 Complete below if billing agent is 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? _____
 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 337.06, 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) James F. Dionne
 Dorothy van der Wey
 (Preparer of Form - Please Print Name)

Regulatory Controller _____ (Date) 22-Jan-04
 Telephone Number (908) 234-6458 Fax Number (908) 532-1509
 F E I No 06-1383455

Interexchange Company Regulatory Assessment Fee Return

Status:
 Actual Return
 Estimated Return
 Amended Return

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

TB27-03-0-R
 TCG South Florida
 101 N. Monroe Street, Suite 700
 Tallahassee, FL 32301
 Attn: Brian Musselwhite

FOR PSC USE ONLY	
Check #	
\$	0603001
	003001
\$	P
	0603
\$	I
Postmark Date	
Initials of Preparer	

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

Please Complete Below If Official Mailing Address Has Changed
 Please note that the information in the address box above has been updated.

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ [REDACTED]	\$ [REDACTED]
2.	Access Services	[REDACTED]	[REDACTED]
3.	Private Line Services	[REDACTED]	[REDACTED]
4.	Leased Facilities & Circuits Services	[REDACTED]	[REDACTED]
5.	Miscellaneous Services	[REDACTED]	[REDACTED]
6.	TOTAL Telephone Services	\$ [REDACTED]	\$ [REDACTED]
7.	LESS: Amounts paid to other telecommunications companies* (see "2. Fees" on back)	[REDACTED]	[REDACTED]
8.	TOTAL REGULATORY ASSESSMENT FEE (Multiply Line 8 by 0.15)	[REDACTED]	[REDACTED]
9.	Penalty for Late Payment (see "Failure to File by Due Date" on back)	[REDACTED]	[REDACTED]
10.	Interest for Late Payment (see "Failure to File by Due Date" on back)	[REDACTED]	[REDACTED]
11.	TOTAL AMOUNT DUE	\$ [REDACTED]	\$ [REDACTED]

* These amounts must be intrastate and must be verifiable.

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

CURRENT COMPANY STATUS

Facilities-Based Carrier Reseller Call Aggregator
 Alternate-Operator Service Rebuilder Other

BILLING INFORMATION

Complete below if billing agent is other than yours:

(Name) (Address - City, State, Zip) (Telephone)

What is the total amount of customer deposits collected? Amount: \$ [REDACTED] 12/2003

What is the total amount of bonds held (if applicable)? Amount: \$ [REDACTED] Expires: [REDACTED]

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO

If YES, who do you lease these facilities from? Name: [REDACTED]

Address: [REDACTED]

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 837.05, Florida Statutes, whoever knowingly makes a false statement or omits anything 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) James F. Diorme Regulatory Controller 22-Jan-04
 (Title) (Date)

Dorothy van der Wev Telephone Number (908) 234-6458 Fax Number (908) 532-1809
 (Preparer of Form - Please Print Name) F E I No. 06-1383455

Pay Telephone Service Provider Regulatory Assessment Fee Return

Status:
 X Actual Return
 _____ Estimated Return
 _____ Amended Return

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

TG800-03-0-R
TCG Public Communications, Inc.
 101 N. Monroe Street, Suite 700
 Tallahassee, FL 32301
 Attn: Brian Musselwhite

FOR PSC USE ONLY	
Check #	
\$	0603002
	003001
\$	P
\$	
Company Name	
City/State/Zip	

PERIOD COVERED:
 01.01.2003 TO 12.31.2003

Please Complete Below If Official Mailing Address Has Changed
 Please note that the information in the address box above has been updated.

 (Name - Company) (City) (State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ [REDACTED]
2.	Gross Intrastate Revenue	\$ [REDACTED]
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(\$ [REDACTED])
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ [REDACTED]
5.	Regulatory Assessment Fee Due - (Multiplied by 0.015)	\$ [REDACTED]
6.	Penalty for Late Payment (see "3. Failure to File" Due Date" on back)	\$ [REDACTED]
7.	Interest for Late Payment (see "3. Failure to File" Due Date" on back)	\$ [REDACTED]
8.	TOTAL AMOUNT DUE	\$ [REDACTED]

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

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED.

9. Number of pay telephones in operation at close of period covered by this Return _____

* These amounts must be intrastate only and must be verifiable

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 or obstruct or interfere in the performance of a duty shall be guilty of a misdemeanor of the second degree.

Paul J. Dannecker
 Paul J. Dannecker
 (Signature of Company Officer)

District Manager
 (Title)

1/25/04
 (Date)

Lynette Meeker
 (Preparer of Form - Please Print Name)

Telephone Number 732-420-6405 Fax Number 732-420-6861
 E-Mail 133948453

Interexchange Company Regulatory Assessment Fee Return

Status:

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

Actual Return
 Estimated Return
 Amended Return

TB331-03-0-R
ACC National Long Distance Corp.
101 N. Monroe Street, Suite 700
Tallahassee, FL 32301
Attn: Brian Musselwhite

FOR PSC USE ONLY	
Check #	
\$	0603001
	003001
\$	P
	0603001
	004011
\$	I
Postmark Date	
Initials of Preparer	

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

Please Complete Below If Official Mailing Address Has Changed

Please note that the information in the address box above has been updated.

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
	Long Distance Services	\$ [REDACTED]	\$ [REDACTED]
	Access Services	[REDACTED]	[REDACTED]
3.	Private Line Services	[REDACTED]	[REDACTED]
4.	Leased Facilities & Circuits Services	[REDACTED]	[REDACTED]
5.	Miscellaneous Services	[REDACTED]	[REDACTED]
-	TOTAL Telephone Services	\$ [REDACTED]	\$ [REDACTED]
-	LESS: Amounts Paid to Other Telecommunications Companies* (see 'D' Fees on back)	[REDACTED]	[REDACTED]
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	[REDACTED]	[REDACTED]
	Regulatory Assessment Fee Due (Multiple Line 8 by 0.0615)	[REDACTED]	[REDACTED]
	Penalty for Late Payment (see 'D' Fees on back) (Multiple Line 8 by 1.5)	[REDACTED]	[REDACTED]
	Interest for Late Payment (see 'D' Failure to File by Due Date on back)	[REDACTED]	[REDACTED]
9.	TOTAL AMOUNT DUE	\$ [REDACTED]	\$ [REDACTED]

* These amounts must be intrastate only and must be verifiable

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

CURRENT COMPANY STATUS

Facilities-Based Carrier Reseller Call Aggregator
 Alternate-Operator Service Reseller Other

BILLING INFORMATION

Complete below if billing agent is other than yourself

Name: (Address: City, State, Zip) (Telephone)
What is the total amount of customer deposits collected? Amount \$ [REDACTED] for [REDACTED]
What is the total amount of bond held (if applicable)? Amount \$ [REDACTED] Expires: [REDACTED]

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
If YES, who do you lease these facilities from? Name: [REDACTED]

Address: [REDACTED]

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) James F. Dionne

Regulatory Controller
(Title)

21-Jan-04
(Date)

Dorothy van der Wev
(Preparer of Form - Please Print Name)

Telephone Number (908) 234-6458 Fax Number (908) 532-1809
F E I No. 16-1456981