

Interexchange Company Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY

Check # 29509

\$ 1437.26 0603001
 003001

\$ _____ 0603001
 P _____
 \$ _____ 004011
 I _____

Postmark Date 1-30-04
 Initials of Preparer mm

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:

01/01/03 TO 12/31/03

T1869-03-0-R
 ILD
 1270 Stone Street
 Oviedo, FL 32765-8463

*Confirmed by phone
 - Call to Tech Mgt/
 Amy Thrasher that
 this document is
 not confidential.
 KJ
 2/2/04*

D425

Confidential

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	\$ 3,665,131.92	\$ 1,212,875.02
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services	0.00	0.00
5.	Miscellaneous Services	0.00	0.00
6.	TOTAL Telephone Services	\$ 3,665,131.92	\$ 1,212,875.02
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(254,703.75)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 958,171.27
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		\$ 1,437.26
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.	TOTAL AMOUNT DUE		\$ 1,437.26

*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 (X) 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 \$ 0.00 for 2003

What is the total amount of bond held (if applicable)?
 Amount \$ 0.00 Expires: N/A

COMPANY INFORMATION

Do you lease telecommunications' facilities? (X) YES () NO
 If YES, who do you lease facilities from: Name: MCI WorldCom Communications
 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.

Marsha Pokorny
 (Signature of Company Official)
 Marsha Pokorny
 (Preparer of Form-Please Print Name)

Manager - Regulatory Compliance 1-29-04
 (Title) (Date)
 Telephone Number: (407) 971-6801 Fax Number (503) 961-9474
 DOCUMENT NUMBER-DATE
01449 FEB-23
 F.E.I.No. 75-2166054

FPSC-COMMISSION CLERK