

040328-TX

# ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE **FIELD(2)**

## Alternative Local Exchange Company Regulatory Assessment Fee Return

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**

**FIELD(3)**

### Florida Public Service Commission

(See Filing Instructions on Back of Form)

**FIELD(1)**

Calpoint(Florida), LLC.  
 130 South El Camino Drive  
 Beverly Hills, CA 90212  
 Certificate No. 7970

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603006  
 \_\_\_\_\_ 003001  
 \$ \_\_\_\_\_ P  
 \_\_\_\_\_ 0603006  
 \_\_\_\_\_ 004011  
 \$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

\_\_\_\_\_  
 (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.	<b>TOTAL REVENUES</b>		\$ 0
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.	<b>TOTAL AMOUNT DUE</b>		\$ 0

\* 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

**CURRENT COMPANY STATUS**

(  ) Facilities-Based Provider  
 ( ) Reseller  
 ( ) Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent if other than yourself.

N/A \_\_\_\_\_ (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.

\_\_\_\_\_  
 (Signature of Company Official)

\_\_\_\_\_  
 Special Counsel (Title) April 9, 2004 (Date)

Robert E. Stup, Jr.  
 (Preparer of Form - Please Print Name)

Telephone Number (202) 661-8711 Fax Number (202) 434-7400

F.E.I. No. \_\_\_\_\_ DOCUMENT NUMBER-DATE

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