

Records

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TI587-03-0-R
 International Telcom, Ltd.
 417 2nd Avenue West
 Seattle, WA 98119-4012
 Docket No. 040897-TI

FOR PSC USE ONLY	
Check#	041646
\$	52.42 0603001
\$	12.50 P 003001
\$	4.00 0603001
	004011
Postmark Date	12-03-04
Initials of Preparer	RT

PERIOD COVERED: 01/01/2003 DEPOSIT DATE 12/31/2003

511 DEC 15 2004

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long-Distance Services	\$ 136,332.75	\$ 33,534.41
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 136,332.75	\$ 33,534.41
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		33,534.41
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		50.30
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back) 25%	12.58	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back) 10%	6.04	
12.	TOTAL AMOUNT DUE		\$ 68.92

* 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.

Justine Melendez (Signature of Company Official) *Corp Secretary* (Title) *11/24/04* (Date)

TRINA ROSPONA (Preparer of Form - Please Print Name) Telephone Number: *206 479 2280* Fax Number: *206 479 2245*
 F.E.I. No. *91-157 9975*

DOCUMENT NUMBER DATE
13170 DEC 14 04
 FPSC-COMMISSION CLERK

I T L
INTERNATIONAL TELCOM LTD.
417 SECOND AVENUE WEST SEATTLE, WASHINGTON 98119 USA

November 29, 2004

Paula Isler
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399

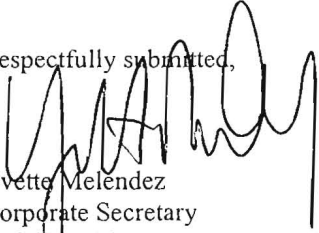
RE: Docket # 040897-TI

Dear Ms. Isler:

Please find enclosed the 2003 Regulatory Assessment Fee report for International Telcom, Inc. The unfortunate conduct of employees, who are no longer with the company, put us in the position of overlooking filing 2003 RAF report. In the effort to resolve this matter as soon as possible, we would like to make an offer to the Public Service Commission of \$100.

If you have any questions, please feel free to call or write.

Respectfully submitted,


Yvette Melendez
Corporate Secretary
206 479-1905
yvette@itltd.net

Enclosures