040000

Interexchange Company Regulatory Assessment Fee Return 16114

1. Long Distance Services 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits Services 5. Miscellaneous Services 6. TOTAL Telephone Services 7. LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) 8. TOTAL REVENUES For Regulatory Assessment Fee Calculation 9. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) 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 * 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	STATUS:	Florida Public Service Commission ATUS: (See Filing Instructions on Back of Form)		
Please Complete Below If Official Mailine Address Has Changed (Name of Company) (Address) (City/State) (City/S	Estimated Return Amended Return PERIOD COVERED:	NAIC Telecommunication 20401 N.W. 2nd Avenue, Miami, FL 33169-2545	\$P 06-03-001 004011 \$I	
(City/State) (City	01/01/2004 TO 12/31/2004	\Qu.	D514 12/28/04	1 1 1
LINE NO. ACCOUNT CLASSIFICATION 1. Long Distance Services 2. Access Services 3. Private Line Services 3. Leased Phallitica & Circuite Services 4. Leased Phallitica & Circuite Services 5. Miscellancous Services 6. TUTAL Telephone Services 7. LESS'S. Amoust Public to Other Telecomorutuications Companies* 8. TOTAL REVIEWUS For Regulatory Assessment Fee Calculation 9. Regulatory Assessment Fee Calculation 10. Penalty for Late Payment (see "3. Failure to File by Due Date" on back) 11. Insent for Late Payment (see "3. Failure to File by Due Date" on back) 12. TOTAL ANOUNT DUE 8. These amounts must be instructed only and must be verifiable. AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 CURRENT COMPANY STATUS (1) Pacilities-Bused Carrier (2) Alternate-Operator Service (3) Alternate Operator Service (4) Alternate Operator Service (5) Alternate Operator Service (6) Alternate Operator Service (7) Alternate Operator Service (8) BILLING INFORMATION Complete below if billing agent if other than yourself. BILLING INFORMATION (Name) (Name) (Name) (Address: City/State/Zip) What is the total amount of contourner deposits collected? Amount: S. for 19 COMPANY INFORMATION (Pack received with fifting and forwarded deposits information is a ruse and correct statement. I am aware that pursusfy it o Section \$37.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to minimal appoint servant in the Application of Company Official) Circuit File Service CIRCEN COMPANY INFORMATION (Prepart of Form - Please Print Name) FELL No. DUCUMENT NUMBER - DATE 1350 DEC 27 & FERCE - COMMISSION R. LEGAL FELL No. DUCUMENT NUMBER - DATE 1350 DEC 27 & FERCE - COMMISSION R. LEGAL FELL No. DUCUMENT NUMBER - DATE 1350 DEC 27 & FERCE - COMMISSION R. LEGAL FELL No. DUCUMENT NUMBER - DATE 1350 DEC 27 & FERCE - COMMISSION R. LEGAL FELL No. DUCUMENT NUMBER - DATE 1350 DEC 27 & FERCE - COMMISSION R. LEGAL FELL No. DUCUMENT NUMBER - DATE 1350 DEC 27 &		Please Complete Below If Office	ial Mailing Address Has Changed	
LINE NO. ACCOUNT CLASSIFICATION 1. Long Distance Services 2. Access Services 3. Private Line Services 4. Leased Rutifiels & Grouts Services 5. Miscellaneous Services 6. TOTAL Telephone Services 7. LESS. Amounts Paid to Other Telecommunications Companies* 8. TOTAL Relephone Services 9. Regulatory Assessment Fee Calculation 9. Regulatory Assessment Fee Calculation 10. Penalty for Late Payment (see '3. Failure to File by Due Due' on back) 11. Instruct for Late Payment (see '3. Failure to File by Due Due' on back) 12. TOTAL AND PUBLIC CO. 3. Failure to File by Due Due' on back) 13. TOTAL AND PUBLIC CO. 3. Failure to File by Due Due' on back) 14. Three amounts must be instructed only and must be verifiable. AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 CURRENT COMPANY STATUS CURRENT COMPANY STATUS COMPANT INFORMATION Complete below if billing agent if other than yourself. What is the total amount of outsomer deposits collected? Amount: S. for 19 What is the total amount of outsomer deposits collected? Amount: S. for 19 COMPANY INFORMATION COMPA	(Name of Company)		(Address)	(City/State) (Zip)
() Alternate-Operator Service () Rebiller () Other: Complete below if billing agent if other than yourself. (Name) (Name	1. Long Distance Services 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits S 5. Miscellaneous Services 6. TOTAL Telephone Services 7. LESS: Amounts Paid to Other (see "2. Fees" on back) 8. TOTAL REVENUES For Ref. 9. Regulatory Assessment Fee D 10. Penalty for Late Payment (see Interest for Late Payment (see Inter	ervices r Telecommunications Companies* gulatory Assessment Fee Calculation rue (Multiply Line 8 by 0.0015) "3. Failure to File by Due Date" on back) "3. Failure to File by Due Date" on back) https://doi.org/10.1001/10.	\$ CROSS OPERATING REVENUE \$ STATEMENT OF THE PROPERTY OF THE	S GOM
(Name) (N	() Facilities-Based Carrier	Keseller	() Call Aggregator	OTH OTH
What is the total amount of customer deposits collected? Amount: \$ for 19 Expires:		BILLING I		
Do you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name: Address: 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 Address: Noissimature of Company Official)	What is the total amount of customer deposi	•	What i	s the total amount of bond held (if applicable)? int: \$ Expires: Check received with filing and forwarded
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 Administration of his/her duty stall be guilty of a misdemeanor of the second degree. Cold Culture of Company Official) NOISSIWWO3 (Title) (Title) (Date)		()YES (L)NO	INFORMATION	deposit information to Records.
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 professional public servant in the pr	Address:		*	A CONTRACTOR OF THE PROPERTY O
RECEIVED & FILED OSCIENCE 1350 DEC 27 \$	and correct statement. I am aware that pursus servant in the programmence of his/her duty statement (Signature of Company O	and to Section 837.06, Florida Statutes, whall be guilty of a misdemeanor of the second Section 1997 (1997) NOISSIW-10	hoever knowingly makes a false statem and degree. Telephone Number ()	Fax Number ()
FPSC-COMMISSION OF THE	PSC/CMP-153 (Rev, 11/11/99)	OCAL-CANE		
COMPAN A MAINTENANCE OF PROPERTY AND THE RESERVE OF THE PROPERTY AND THE P	Mus	_	FP	

FLORIDA PUBLIC SERVICE COMMISSION

Instructions For Filing Regulatory Assessment Fee Return (Interexchange Company)

1. WHEN TO FILE: For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before July 30 for the six-month period January 1 through June 30, AND On or before January 30 for the six-month period July 1 through December 31.

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. FEES: Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount in Line 7.

On Line 7, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. <u>Do not deduct</u> any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. <u>DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.</u>

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 10). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 11). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or 1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. Ar automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner or the reverse side.

- 5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
- 6. MAILING INSTRUCTIONS: Please complete this form, make a copy for your files, and return the original and in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. Make your check payable to the Florida Public Service Commission. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission

2540 Shumard Oak Boulevard

Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

 ADDITIONAL ASSISTANCE: If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Markets and Enforcement at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

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