

ORIGINAL

040965-TJ
500-fine

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

Interexchange Company Regulatory Assessment Fee Return

total \$568.50

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

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

TJ775
Via One Technologies, Inc.
525 Broadway, 5th Floor
New York, NY 10012

DEPOSIT DATE
19 JAN 11 2005

FOR PSC USE ONLY

Check# 4006

\$ 50.00 0603001
003001

\$ 12.50 P
0603001
004011

\$ 6.00 1

Postmark Date 1-7-05

Initials of Preparer JLT

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	\$ 2,777.66	\$ 39.20
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 2,777.66	\$ 39.20
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		39.20
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		0.06
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		18.50
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	TOTAL AMOUNT DUE		\$ 68.50

* 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: _____

CMP

Address: _____

COM

CTR

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.

ECR

GCL

(Signature of Company Official)

VP, Corporate Dev. (Title)

01/05/2004 (Date)

OPC

Janet Willis/TCS
(Preparer of Form - Please Print Name)

Telephone Number (678) 775-2244 Fax Number (678) 775-1189

MMS

F.E.I. No. 54-2073805

PSC/CMU-133 (Rev. 11/11/99)

RCA

SCR

SEC

OTH

DOCUMENT NUMBER-DATE

00363 JAN 11 05

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FPSC-COMMISSION CLERK