

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2005

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2004 TO 12/31/2004

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ700-04-0-R
 Instate
 1020 Spruce Drive
 Belleair Beach, FL 33786-3327

2005 JAN 20 PM 3: 3

COMPETITIVE SERVICES

530 FEB - 2 2005

P. Isler

FOR PSC USE ONLY

Check# 5819
 \$ 50.00 06-03-001
 003001
 \$ P 06-03-001
 004011
 \$ I
 Postmark Date 1-28-05
 Initials of Preparer RI

Please Complete Below If Official Mailing Address Has Changed

INSTATONE

P.O. Box 6434

Clearwater FL 33758

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO. ACCOUNT CLASSIFICATION

FLORIDA GROSS OPERATING REVENUE

INTRASTATE REVENUE

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

\$ -0-

\$ _____

\$ -0-

* 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
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- Other

BILLING INFORMATION

Complete below if billing agent other than yourself.

MICHAEL SEWALD

(Name)

1020 Spruce Dr. Belleair Beach, FL 33786

(Address: City/State/Zip)

727 517 3675

(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 (X) 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)

MICHAEL SEWALD

(Preparer of Form - Please Print Name)

President

(Title)

01-17-05

(Date)

Telephone Number 727 517 3675

Fax Number 727 593-1880

F.E.I. No. _____

- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMS
- RCA
- SCR
- SEC
- OTH

DOCUMENT NUMBER-DATE

01183 FEB-18

FPC-COMMISSION CL FRK