

050000

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2004 TO 12/31/2004

TI390-04-0-R
LDC Telecommunications, Inc.
% InterControllers, Inc.
3350 Bushwood Park Drive, Suite 265
Tampa, FL 33618

533 FEB - 4 2005

FOR PSC USE ONLY

Check# 7924

\$ 50.00 06-03-001
003001
\$ P 06-03-001
004011
\$ I

Postmark Date 02-03-05 1-31-0

Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

LDC Telecommunications 10012 N. Dale Hwy suite 215 Tampa FL 33618
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 18,398	\$ 12,649
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 18,398	\$ 12,649
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(3,714)	(2,553)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		10,096
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		15.75
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		\$ 50.00

* 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
- () Alternate-Operator Service
- Reseller
- () Rebiller
- () Call Aggregator
- () 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 (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.

S. Connors PRES
(Signature of Company Official)

PRESIDENT 4/27/200
(Title) (Date)

(Preparer of Form - Please Print Name)

Telephone Number 813 933-6519 Fax Number 813 933-5111
F.E.I. No. 59-3304859