

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

TJ719-04-0-R
ProNet Communications, Incorporated
3290 Blazer Parkway, Suite 210
Lexington, KY 40509-1847

FOR PSC USE ONLY
Check# 1227
\$ 50.00 06-03-001
003001
\$ _____ P
06-03-001
004011
\$ _____ I
Postmark Date 1-31-05
Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

ProNet Communications, Inc. P.O. Box 966, 1775 EAGLE DRIVE Morehead, KY 40351
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE	CMP	COM	CTR	EGR	GCL	OPC	MMS	RCA	SCR	SEC	OTH
1.	Long Distance Services	\$ 1408.07	\$ 1408.07											
2.	Access Services													
3.	Private Line Services													
4.	Leased Facilities & Circuits Services													
5.	Miscellaneous Services	353.92	353.92											
6.	TOTAL Telephone Services	\$ 1761.99	\$ 1761.99											
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(1138.25)	(1138.25)											
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		\$ 0.94											

* 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: \$ 0 for 19 2005

What is the total amount of bond held (if applicable)? Amount: \$ 0 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.

Coral Johnston (Signature of Company Official) President (Title) Jan 29, 2005 (Date)

CORAL Johnston (Preparer of Form - Please Print Name) Telephone Number (606) 780-1070 Fax Number (606) 783-0955

F.E.L. No. 61-1390819