FPSC-COMMISSION CLERK

Competitive L	ocal Exchange Company Regul	atory Assessmen	nt Fee Return
STATUS:	2 10	MOTER WILL TO MEET	FOR PSC USE ONLY Check# 5186
Actual Return Estimated Return Amended Return PERIOD COVERED: 12/03/2004 TO 12/31/2004  PEZECOMUNICATION (Name of Company)	Please Complete Below If Official Mailing Address)	J J J FEB /	\$ 50.00 06-03-001 003001 \$ P 06-03-001 \$ 004011 \$ 1 P 06-03-001 004011 \$ Initials of Preparer
M	· · · · · · · · · · · · · · · · · · ·	FLORIDA	
9. Net Intrastate Operating Reven 10. Regulatory Assessment Fee Di 11. Penalty for Late Payment (see 12. Interest for Late Payment (see 13. TOTAL AMOUNT DUE  * These amounts must be intrastate only ar Other long distance revenue must be lister	ATA only)**  Telecommunications Companies* (see "2. Fees" on back) tue for Regulatory Assessment Fee Calculation (Line 7 less I tie (Multiply Line 9 by 0.0015)  "3. Failure to File by Due Date" on back)  "3. Failure to File by Due Date" on back)	THE MINIMUM ANNI	CMP COM CTR ECR GCL OPC MMS RCA
Complete below if billing agent if other than			
(Name)	(Address: Ci	ty/State/Zip)	(Telephone)
Do you lease telecommunications facilities? If YES, who do you lease these facilities from		N	
Address:			
I, the undersigned owner/officer of the abcorrect statement. I am aware that pursuant to performance of his/her duly shall be guilty of (Signature of Company	Official)  \$\frac{1}{5}\tag{10} \tag{10} 10	s a false statement in writing v	ge and belief the above information is a true and with the intent to mislead a public servant in the least the least two misleads and public servant in the least two misleads and public servant in the least two misleads are least

301-792-1994 011