

555 APR 19 2005

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

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

7 0 0 0  
TX 634  
TOTAL \$ 241.98

FOR PSC USE ONLY  
Check# 1260  
19 00  
APR 10 10:50  
P  
06-03-001 003001  
06-03-001 004011  
Postmark Date 4-15-05  
Initials of Preparer RT

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TJ618-05-0-R  
University Club Communications, LLC  
831 North Monroe Street  
Tallahassee, FL 32303-6140

PERIOD COVERED:  
01/01/2005 TO 12/31/2005

(Request for cancellation-Isler)

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	\$ 0	\$ 0
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		\$ 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  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  
 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

*Thomas W. Allen III*  
 (Signature of Company Official)  
 JOHN W. ABBOTT  
 (Preparer of Form - Please Print Name)

(Title) Member (Date) 4-14-05  
 Telephone Number (850) 205 8500 Fax Number (850) 205 8508  
 F.E.I. No. 59-3661725

DOCUMENT # 001 - DAT  
 03770 APR 19 05  
 PSC-COMMISSION CLERK