

Interexchange Company Regulatory Assessment Fee Return

5 5 5 APR 19 2005

**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

TJ618-04-0-R  
 University Club Communications, LLC  
 831 North Monroe Street  
 Tallahassee, FL 32303-6140

(Request for cancellation-Isler)

SEC 7X637  
TOTAL \$ 241.50

FOR PSC USE ONLY	
Check#	1260
\$	50.00 06-03-001
	003001
\$	5.00 P
	06-03-001
	004011
\$	1.00 I
Postmark Date	4-15-05
Initials of Preparer	RT

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	\$ 0	\$ 0
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)	5.00	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	1.00	
12.	TOTAL AMOUNT DUE		\$ 56.00

\* 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.

(Signature of Company Official)

Thomas W. Allen IV

(Title)

Member

(Date)

4-14-05

JOHN W. ABBOTT  
 (Preparer of Form - Please Print Name)

Telephone Number (850) 205-8500 Fax Number (850) 205-8508

F.E.I. No. 59-3661725