

Competitive Local Exchange Company Regulatory Assessment Fee Return

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

ORIGINAL

FOR PSC USE ONLY

STATUS:
 Actual Return
 Estimated Return
 Amended Return

TX211-05-0-R
 Buy-Tel Communications, Inc.
 P. O. Box 136578
 Fort Worth, TX 76136-0578
 DEPOSIT DATE
 560 MAY 11 2005

Check# 8327
 \$ 50.00 06-03-001 003001
 \$ _____ P 06-03-001 004011
 \$ _____ I
 Postmark Date 5-2-05
 Initials of Preparer RT

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

Records Paula

Please Complete Below If Official Mailing Address Has Changed

Buy-Tel Communications, Inc (Name of Company) PO Box 136578 (Address) FT WORTH TX 76136 (City/State) 76136 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
13.	TOTAL AMOUNT DUE		\$ 50.00

* These amounts must be intrastate only and must be verifiable.
 ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

() Facilities-Based Provider
 Reseller
 Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.
 _____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)

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.

Mary Beth Austin (Signature of Company Official) Secretary (Title) 4-29-05 (Date)
 Mary Beth Austin (Preparer of Form - Please Print Name) Telephone Number 817 2386577 Fax Number 817 2386537

F.E.I. No. 75-2733879 DOCUMENT NUMBER-DATE
 04542 MAY 10 08