

Competitive Local Exchange 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:

01/01/2005 TO 01/23/2005

TX283-05-0-R
 Dolfo.Net
 2815 N.W. 13th Street, Suite 201
 Gainesville, FL 32609-2865

DEPOSIT DATE
 6 0 9 JAN 1 4 2005

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 002196

\$ 50.00 06-03-001
 003001

\$ _____ P 06-03-001
 004011

\$ _____ I

Postmark Date 1-10-06
 Initials of Preparer PT

FINAL
RECEIVED
RECORD

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS REVENUE	
		OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>0</u> CMP	\$ <u>0</u>
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	<u>0</u> COM	
3.	Access Services		
4.	Private Line Services	CTR	
5.	Leased Facilities & Circuits Services	ECR	
6.	Miscellaneous Services		
7.	TOTAL REVENUES	GCL	\$ <u>0</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾	OPC	\$ _____
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	RCA	\$ _____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)	SCR	\$ _____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	SGA	\$ <u>50.00</u> ⁽³⁾
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	SEC	\$ _____
13.	Extension Payment Fee (see "4. Extension" on back)	OTH	\$ _____
14.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ <u>50.00</u>

(1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
 (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

() Facilities-Based Provider () Reseller
 () Other: _____

BILLING INFORMATION

Complete below if billing agent is 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 official duty shall be guilty of a misdemeanor of the second degree.

Paul Ayoub (Signature of Company Official) CPD (Title) 1/8/06 (Date)
Paul Ayoub (Preparer of Form - Please Print Name) Telephone Number (352) 375-2912 Fax Number (352) 375-2702