

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL
060000

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

TJ833-05-0-R
 800 Response
 200 Church Street
 Burlington, VT 05401-4621

6 10 JAN 1 0 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 193

\$ 60.20 06-03-001
003001

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 1-11-06
Initials of Preparer km

PERIOD COVERED:

01/01/2005 TO 12/31/2005

1/1/05 - 6/30/05
Ended operations on 6/30/05

Records

(Name of Company)

(Address)

(City/State)

(Zip)

CMP	LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
COM	1.	Long Distance Services	\$ <u>61,932.-</u>	\$ <u>55,739.-</u>
CTR	2.	Access Services		
	3.	Private Line Services		
ECR	4.	Leased Facilities & Circuits Services		
	5.	Miscellaneous Services		
GCL	6.	TOTAL Telephone Services	\$ <u>61,932.-</u>	\$ <u>55,739.-</u>
OPC	7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	()	(<u>25,639</u>)
RCA	8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>30,100.-</u>
SCR	9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		<u>60.20</u>
	10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
SGA	11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
	12.	Extension Payment Fee (see "4. Extension" on back)		
SEC	13.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ <u>60.20</u> ⁽²⁾

OTH _____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) 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 Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: No longer in operation

BILLING INFORMATION

Complete below if billing agent is other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____

What is the total amount of customer deposits collected? Amount: \$ 0 for 20 _____

What is the total amount of bond held (i) Amount: \$ 0 Expire _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES () NO

If YES, who do you lease these facilities from? Name: N/A

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] (Signature of Company Official) Vice President (Title) 1/16/06 (Date)

Telephone Number () Fax Number ()

(Preparer of Form - Please Print Name)

F.E.I. No. _____

DOCUMENT NUMBER - DATE
00454 JAN 18 90
FPSC-COMMISSION CLERK