

ORIGINAL

050822

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2005

RECEIVED FPSC

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2004 TO 12/31/2004

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

TJ748-04-0-R
 International InterConnect, Inc.
 297 Barnes Blvd.
 Rockledge, FL 32955-5325
 (Isler) **599 NOV 15 2005**

MAR -8 AM 10:54
 FOR PSC USE ONLY
 Check# **09451**
 \$ **50.00** 06-03-001
 COMMISSION 003001
 CLERK P
 06 03-001
 004011
 Postmark Date _____
 Initials of Preparer **BT 11/08/05**

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	CMP
1.	Long Distance Services	\$ 6,181,747.97	\$ 6,500.00	COM
2.	Access Services			
3.	Private Line Services			
4.	Leased Facilities & Circuits Services			CTR
5.	Miscellaneous Services			
6.	TOTAL Telephone Services	\$ 6,181,747.97	\$ 6,500.00	ECR
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()	GCL
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 10.00	OPC
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		7.50	
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		\$ 1.22	RCA

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$550

CURRENT COMPANY STATUS

() Facilities-Based Carrier () Reseller () Call Aggregator
 () Alternate-Operator Service () Rebiller () Other: SEC 1

BILLING INFORMATION

Complete below if billing agent if other than yourself. () OTH

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

What is the total amount of customer deposits collected? Amount: \$ _____ for 19 _____

What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
 IF YES, who do you lease these facilities from? Name: Bell SOUTH
 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.

Michael Brubaker (Signature of Company Official) MANAGER (Title) 10/1/05 (Date)
Michael Brubaker (Preparer of Form - Please Print Name) Telephone Number (321) 631-8073 Fax Number (321) 631-8769
 F.E.I. No. 593241074

PSC/CMP-153 (Rev. 11/11/99)

SS 8 10 01 10 10

DOCUMENT NUMBER-DATE

01992 MAR-8 8

FPSC-COMMISSION CLERK

ORLANDO FL 328

08 NOV 05PM '11



Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL, 32399-0850
Attn: Fiscal services

32399+0850

