

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

060157-TI

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

FOR PSC USE ONLY
 Check# 1005060529
 \$ 50.00 0603001
 _____ 003001
 \$ _____ P
 _____ 0603001
 _____ 004011
 \$ _____ I
 Postmark Date 3-22-06
 Initials of Preparer RT

STATUS:

Actual Return
 Estimated Return
 Amended Return

TI731
 MCI WorldCom Network Services, Inc.
 6 Concourse Parkway, Ste 600
 Atlanta, GA 30328
 Docket No. 060157-TI (Isler)
 DATE
 640 MAR 28 2006

PERIOD COVERED:
 01/01/2006 TO 06/30/2006

penalty records

Please Complete Below If Official Mailing Address Has Changed

IP _____
 IM _____
 R _____
 R _____
 L _____
 C _____
 A _____
 R _____
 A _____
 C _____
 H _____

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 00.00	\$ 00.00
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 00.00	\$ 00.00
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(00.00)	
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	00.00	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	00.00	
12.	TOTAL AMOUNT DUE		

RECEIVED PSC
 CLERK
 MAR 27 PM 4:02
 \$ 00.00
 \$ 00.00
 \$ 00.00
 \$ 00.00

* 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: \$ _____ 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: _____
 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.

Melissa A. Burris Staff Specialist 3/7/06
 (Signature of Company Official) (Title) (Date)

Missie Burris Telephone Number 888-605-0469 Fax Number 770-284-5533
 (Preparer of Form - Please Print Name)

F.E.I. No. _____

DOCUMENT NUMBER - DATE
 04738 MAR 27 06

FPSC - COMMISSION CLERK