

Competitive Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL

060294-TX Florida Public Service Commission

STATUS:
 Actual Return
 Estimated Return
 Amended Return

(See Filing Instructions on Back of Form)

TX111-06-0-R
 USA Telecom, Inc.
 480 Sawgrass Corporate Parkway, #220
 Sunrise, FL 33325-6257
 Docket No. 060294-TX (Ister)
 645 APR 19 2006

FOR PSC USE ONLY

Check # 3481
 \$ 50.00 06-03-004 003001
 \$ _____ P 06-03-001 004011
 \$ _____ I
 Postmark Date APR 19 2006
 Initials of Preparer
 RECEIVED
 APR 19 AM 8:48
 COMMISSION CLERK

PERIOD COVERED:
 01/01/2006 TO 12/31/2006

Paula
 Records

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.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	0	0
COM 3.	Access Services	0	0
4.	Private Line Services	0	0
CTR 5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
ECR 7.	TOTAL REVENUES		\$ 0
GCL 8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		0
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 0
OPC 10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		0
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		0
RCA 12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		0
13.	Extension Payment Fee (see "4. Extension " on back)		0
14.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ 50.00 ⁽³⁾

(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.

Karen A. Shaw
 (Signature of Company Official)

Chief Financial Officer April 19 2006
 (Title) (Date)

Karen Shaw
 (Preparer of Form - Please Print Name)

Telephone Number (954) 851-0000 Fax Number (954) 835-2539

F.E.I. No. 59-2521916 03425 APR 19 06