	OKI	GINAL	
O AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2) Interexchange Company Regulatory Assessment Fee Return			
STATUS:	Florida Public Serv (See Filing Instructions o		Check # 1215
Actual Return Estimated Return Amended Return	FIELD(1) C TJ818 -	05-R	SCOMMISSION CLERK 004011
PERIOD COVERED: FIELD(3), Ol-01/65 Thru 12/31/05		5 JUL 2 3 2004	SI Postmark Date7/25/55 Initials of Preparer
DIAL-AROUND TELECOM, INC. 200 S. Biscagne Bivi. Steff 1850 MIAM / FL 33131 (Name of Company) (Address) (City/State) (Zip)			
LINE ACCOUNT CLAS NO. ACCOUNT CLAS 1. Long Distance Services 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits Services 5. Miscellaneous Services 6. TOTAL Telephone Services 7. LESS: Amounts Paid to Telecommunic 8. TOTAL REVENUES For Regulatory 9. Regulatory Assessment Fee Due (Multi 10. Penalty for Late Payment (see "3. Failu 11. Interest for Late Payment (see "4. Extension Payment Fee (see "4. Extension Payment Fee (see "4. Extension Payment Fee (see "4. Extension Second Secon	ations Companies ⁽¹⁾ Assessment Fee Calculation ply Line 8 by 0.0020) re to File by Due Date" on back) re to File by Due Date" on back) ion" on back) MUM) nly and must be verifiable (see "2. Fees" o revenue of a company, a minimum ann	FLORIDA GROSS OPERATING REVENUE S 94931.13 S 94931.13 ($\begin{array}{c} \text{CMP} \\ \underline{\text{INTRASTATE REVENUE}}\\ s & 1570.19\\ \hline 0 & \text{CTR} \\ \hline 0 & \text{CTR} \\ \hline 0 & \text{ECR} \\ \hline 0 & \text{ECR} \\ \hline 0 & \text{OPG} \\ \hline s & 1570.19\text{CL} \\ \hline 0 & \text{OPG} \\ \hline s & 1570.19\text{CA} \\ \hline s & 0.78 & \text{SCR} \\ \hline s & 0.78 & \text{SCR} \\ \hline 0 & 0.09 & \text{SGA} \\ \hline s & 50.00 & \text{SEC}^{3} \\ \hline \end{array}$ that be imposed as provided in Section 364.336, The section
Facilities-Based Carrier	() Reseller () Rebiller	() Call Aggregator () Other:	
Complete below if billing agent if other than yo <u>ILO Telecon</u> (Name) What is the total amount of customer deposits c	arself. 7 <u>07 Unitlack Ave.</u> (Add	FORMATION STE = E-20 Matetta G ress: City/State/Zip) What is th	A 30064 678 331-8208 (Telephone) e total amount of bond held (if applicable)?
If YES, who do you lease these facilities from? Address: <u>10270</u> NW I, the undersigned owner/dfficer of nurab- is a true and correct statement. I arr avec that a public servant in the performance of the/her du (Signature of Company Official HAVRI BAR JCC	AYES () NO Name: BROADW South River Drive Penamed company, have read the fore pursuant to Section 837.06, Florida Sta ty shall be guilty of a misdemeanor of the U	regoing and declare that to the best of atutes, whoever knowingly makes a fai second degree. <u>Nice Preside</u> (Title)	TIONS 3178 my knowledge and belief the above information se statement in writing with the intent to mislead $\frac{1}{1000} = \frac{30^{5}}{1000} = \frac{375}{1000} = \frac{375}{1000} = \frac{375}{1000} = 1000$
PSC/CMP 153 (Rev. 01/05)			

FPSC-COMMISSION CLERK