

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2006

F014 TOTAL \$ 572.00

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- X Actual Return
Estimated Return
Amended Return

PERIOD COVERED: 01/01/2005 TO 12/31/2005

TJ307-05-0-R
OpenTel Communications, Inc.
4655 Old Ironsides Drive, Suite 350
Santa Clara, CA 95054-1854
Docket No. 060466-TL
DEPOSIT DATE 672 AUG 10 2006

FOR PSC USE ONLY
Check # 7416
\$ 50.00 06-03-001 003001
\$ 12.50 P 06-03-001 004011
\$ 3.50 I
Postmark Date 8-4-06
Initials of Preparer RT

RECORDS P-IS ka

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, TOTAL Telephone Services, LESS: Amounts Paid to Telecommunications Companies, TOTAL REVENUES For Regulatory Assessment Fee Calculation, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, Extension Payment Fee, TOTAL AMOUNT DUE (\$50 MINIMUM).

- (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 (X) Reseller () Call Aggregator
() Alternate-Operator Service () Rebiller () Other:

BILLING INFORMATION
Complete below if billing agent is other than yourself.
Sandy Beach Software (Name) 8208 N. Glade Ave. Oklahoma City, OK 73132-4273 (Address: City/State/Zip)
What is the total amount of customer deposits collected? Amount: \$ 825.24 for 2005
What is the total amount of bond held (if applicable)? Amount: \$ Expires:

COMPANY INFORMATION
Do you lease telecommunications' facilities? () YES (X) 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.

(Signature of Company Official) (Title) (Date)
Telephone Number (408)-213-0026 Fax Number (408)-213-0051
Preparer of Form - Please Print Name F.E.I. No. 77-0449148 DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK