

ORIGINAL

060346-T1



EASYLINK
SERVICES

RECEIVED- FPSC

06 AUG -9 PM 3:07

COMMISSION
CLERK

August 1, 2006

Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RE: TI008 - Easylink Services USA
FEIN 11-3025769

ATTN: Paula Isler

Dear Ms. Isler:

Attached is payment of the Interexchange Company Regulatory Assessment Fee Return for 2005 and 2006 and \$500 fine for nonpayment of the 2005 Regulatory fee. Easylink Services USA is no longer a reseller of telecommunications services and therefore does not have any intrastate revenues. Accordingly, we request a voluntary cancellation of our IXC registration.

Thank you.

Sincerely,

Peter S. Macaluso
Vice-President - Finance

DOCUMENT NUMBER-DATE

07155 AUG-98

33 Knightsbridge Road, Piscataway, NJ 08854 Phone: 732.652.3500 Fax: 732.652.3501 www.EasyLink.com

FPSC-COMMISSION CLERK

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

TI008-06-0-R
Easylink Services USA, Inc.
33 Knightsbridge Road
Piscataway, NJ 08854-3925
Docket No. 060466-TT-POST DATE
672 AUG 10 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 094378
\$ 52.50 06-03-001
003001
\$ _____ E
\$ _____ P 06-03-001
004011
\$ _____ I
Postmark Date 8/2/06
Initials of Preparer SP

Records
Paula

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>446.54</u>	\$ <u>-0-</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>446.54</u>	\$ <u>-0-</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>50.00</u>
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)		_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Extension Payment Fee (see "4. Extension" on back)		_____
13.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ <u>50.00</u> ⁽²⁾

(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
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____
What is the total amount of customer deposits collected? Amount: \$ _____ for 20 _____
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.

William S. Macaluso
(Signature of Company Official)

Vice President
(Title)

8/1/06
(Date)

(Preparer of Form - Please Print Name)

Telephone Number (732) 652-3500 Fax Number (732) 652-3810

F.E.I. No. 11-3025769

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

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

TI008-05-0-R
 Easylink Services USA, Inc.
 33 Knightsbridge Road
 Piscataway, NJ 08854-3925
 Docket No. 060466-TI008-05-0-R
 672 AUG 10 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
 Check # 094378
 \$ 50.00 06-03-001
 003001
 \$ 12.50 P 06-03-001
 004011
 \$ 3.50 I
 Postmark Date 8/2/06
 Initials of Preparer SB

Records + paula

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>1852.53</u>	\$ <u>-0-</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>1852.53</u>	\$ <u>-0-</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>50.00</u>
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)		<u>12.50</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>6.00</u>
12.	Extension Payment Fee (see "4. Extension" on back)		_____
13.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ <u>68.50</u> ⁽²⁾

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

BILLING INFORMATION

Complete below if billing agent is other than yourself.

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

What is the total amount of customer deposits collected?
 Amount: \$ _____ for 20 _____

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.

Peter Maccaluso (Signature of Company Official) Vice President (Title) 7/31/06 (Date)

Telephone Number 732 652 3500 Fax Number 732 652-3810

(Preparer of Form - Please Print Name)

F.E.I. No. 11-3025769