

ORIGINAL

TJ546

Raquel Tully

From: Paula Isler
Sent: Wednesday, August 16, 2006 9:52 AM
To: Raquel Tully
Subject: RE:

CK# 1026

674 AUG 17 2006

CK \$ 200.00 T. Fund
800.00 Fine
8-10-06 RT

Good afternoon.

1. TG903 is Jaroth, Inc. d/b/a Pacific Telemanagement Services. The \$1,044.79 should all be RAFs for the first half of 2006. The company advised they included the RAF return. Since this is for the 2006 RAF, you do not have to provide Records with proof of payment since it is not associated with the RAF docket.
2. TX551 is Movie, Television & Graphics Corp. d/b/a M.T.G. The correct # is Docket No. 050954-TX and all should be deposited in the General Revenue Fund. Please provide Records proof of payment.
3. TJ546 is Intelligent Switching and Software, LLC. Please deposit \$66 for the 2005 RAF and late payment charges as you normally would. Please deposit \$200 in the PSC Trust Fund for collection costs and the balance of \$800 in the General Revenue Fund. Please provide Records proof of payment for Docket No. 060470-TI.
4. TJ543 is NTERA, Inc. Please deposit \$66 for the 2005 RAF and late payment charges as you normally would. Please deposit \$200 in the PSC Trust Fund for collection costs and the balance of \$800 in the General Revenue Fund. Please provide Records proof of payment for Docket No. 060470-TI.

From: Raquel Tully
Sent: Tuesday, August 15, 2006 2:27 PM
To: Paula Isler
Subject:

Good Afternoon,

have a few for you.

TG903 \$1044.79
Movies Television and Graphics Docket 050945 \$416.67
Intelligent Switching & Software \$1066.00
Nteara \$1066.00

Docket 060469 sent in a check for \$116.00. but they did not sign the check so I am going to return the check.

Thanks and let me know if you need anymore information

Raquel

COMMISSION CLERK

05 AUG 16 PM 4:09

RECEIVED-FPSC

CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 RCA _____
 SCR _____
 SGA _____
 SEC 1
 OTH cy to

DOCUMENT NUMBER-DATE

07364 AUG 16 06

Nonpay

FPSC-COMMISSION CLERK

Paula

TOTAL \$ 1066.00

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2)

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

FIELD(1) TJ 544

674 AUG 1 2006

FOR PSC USE ONLY

Check # 1026

\$ 50.00 0603001
003001

\$ 12.50 P 0603001
004011

\$ 3.50 I

Postmark Date 8-10-06

Initials of Preparer PT

PERIOD COVERED:
FIELD(3)

Please Complete Below If Official Mailing Address Has Changed

Intelligent Switching & Software 1020 NW 163RD DR Miami FL 33169
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
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 Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		\$ 50.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		\$ 12.00
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		\$ 4.00
12.	Extension Payment Fee (see "4. Extension" on back)		\$ 100.00
13.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ 1,066.00 ⁽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 if 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.

 (Signature of Company Official) MANAGER (Title) 8/10/06 (Date)

 (Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

F.E.I. No. 65-1072134