

**Interexchange Company Regulatory Assessment Fee Return**

**ORIGINAL**

Florida Public Service Commission

070091  
TOTAL \$100.00

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)  
TJ869-06-0-R  
NAIC Telecommunications  
20401 N.W. 2nd Avenue, Suite 205  
Miami, FL 33169-2545  
SEE  
POST DATE ~~1/18/07~~  
708 JAN 30 2007 TX 762

**FOR PSC USE ONLY**

Check # 118

\$ 50.00 06-03-001  
003001

\$ \_\_\_\_\_ E

\$ \_\_\_\_\_ P 06-03-001  
004011

\$ \_\_\_\_\_ I

Postmark Date 1/26/07  
Initials of Preparer RT

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

Records /  
Paula

Please Complete Below If Official Mailing Address Has Changed

NAIC Telecommunications 20401 NW 2 Ave #205, 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.	<b>TOTAL Telephone Services</b>	\$ _____	\$ _____
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ _____
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.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		\$ _____ <sup>(2)</sup>

(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 (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 lead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Andrew Oshlase (Signature of Company Official) PRESIDENT (Title) 1/26/07 (Date)  
ANDREW OSHLASE (Preparer of Form - Please Print Name)  
Telephone Number (305) 651-1570 Fax Number (305) 654-0457

F.E.I. No. 030500343 00928 JAN 29 5