

# Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

(See Filing Instructions on Back of Form)

TJ862-07-0-R  
 Hotline Telephone Service, Inc.  
 786 Broad Street  
 Newark, NJ 07102-3728  
 Docket No. 070664-TP  
 DEPOSIT DATE  
 792 --- 07 2007

**FOR PSC USE ONLY**

Check # 1273

\$ 700.00 06-03-001  
003001

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

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

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

Postmark Date 12-1-07  
Initials of Preparer RT

RECEIVED FPSC  
 07 DEC - 7  
 PERIOD COVERED:  
 01/01/2007 TO 12/31/2007  
 COMMISSION  
 CLERK

Please Complete Below If Official Mailing Address Has Changed

CMP \_\_\_\_\_ (Name of Company) \_\_\_\_\_ (Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1	Long Distance Services	\$ <u>- 0 -</u>	\$ <u>0</u>
2	Access Services		
3	Private Line Services		
4	Leased Facilities & Circuits Services		
5	Miscellaneous Services		
6	<b>TOTAL Telephone Services</b>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
7	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( <u>- 0 -</u> )	( <u>- 0 -</u> )
8	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ <u>- 0 -</u>
9	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		<u>0</u>
10	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>0</u>
11	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>0</u>
12	Extension Payment Fee (see "4. Extension" on back)		<u>0</u>
OTH	<b>TOTAL AMOUNT DUE (\$700.00 MINIMUM)</b>		\$ <u>700 -</u> <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 \$700 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?      What is the total amount of bond held (if applicable)?  
 Amount: \$ - 0 - for 20 07      Amount: \$ - 0 - 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] \_\_\_\_\_ (Signature of Company Official)      President \_\_\_\_\_ (Title)      11/28/07 \_\_\_\_\_ (Date)  
Margaret Kuzin + Bliss \_\_\_\_\_ (Preparer of Form - Please Print Name)      Telephone Number (973) 642-2840      Fax Number (973) 642-2509  
 F.E.I. No. 01-0795153

FPSC-COMMISSIONER  
 10756 DEC-7 6  
 DOCUMENT NUMBER-DATE