

# Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX755-07-0-R  
 Hotline Telephone Service, Inc.  
 786 Broad Street  
 Newark, NJ 07102-3728

Docket No. 070664-TP **DEPOSIT DATE**  
 792 DEC 07 2007

**FOR PSC USE ONLY**

Check # 1274  
 \$ 600.00 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 AM 8:00  
 COMMISSION CLERK

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0 -	\$ 0 -
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
	<b>TOTAL REVENUES</b>		
	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>		
	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		
	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		
	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
	Extension Payment Fee (see "4. Extension" on back)		
14.	<b>TOTAL AMOUNT DUE (\$600.00 MINIMUM)</b>		\$ 600 - <sup>(3)</sup>

FPSC-COMMISSION CLERK

10757 DEC-7 2007

DOCUMENT NUMBER PART

(1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.  
 (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
 (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

**CURRENT COMPANY STATUS**

CMP  Facilities-Based Provider  Reseller  
 Other: \_\_\_\_\_

**BILLING INFORMATION**

CTR Complete below if billing agent is other than yourself.  
 ECR \_\_\_\_\_ (Name) \_\_\_\_\_ (Address: City/State/Zip) \_\_\_\_\_ (Telephone)

**COMPANY INFORMATION**

GCL Do you lease telecommunications' facilities?  YES  NO  
 OPC If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

SCR 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 official duty shall be guilty of a misdemeanor of the second degree.

SGA \_\_\_\_\_  
 SEC \_\_\_\_\_ (Signature of Company Official) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) 11/28/07

OTH 11/27 MARGUERITE KATZMAN BOSS Telephone Number (973) 642 2840 Fax Number (973) 642 2509  
 (Preparer of Form - Please Print Name)

F.E.I. No. 01-0785153