

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
09/20/2007 TO 12/31/2007

*Record +
Polaris*

RECEIVED-FPSC
08 FEB -4

TK 0043715
Great American Telephone, Inc.
1700 South Main Street
Las Vegas, NV 89104-1200
819 FEB 05 2008
080000-05

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	6574
\$	700.00
	06-03-001 003001
\$	E
\$	P 06-03-001 004011
\$	I
Postmark Date	1-30-08
Initials of Preparer	TC

CMP _____
COM _____
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	
		INTRASTATE REVENUE	
1.	Long Distance Services	\$ - 0 -	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities	_____	_____
5.	Miscell.	_____	_____
6.	TOTAL	\$ _____	\$ _____
7.	LESS: A	(- 0 -)	(_____)
8.	TOTAL	_____	\$ _____
9.	Regulator, Penalty for	_____	_____
10.	Interest for	_____	_____
11.	Extension I	_____	_____
12.	OTH	_____	_____
13.	TOTAL A	\$ - 0 -	\$ _____ (2)

no business has been conducted in the state as of 1/30/08

(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? 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) (Title) (Date)
[Signature] _____ 1-30-08

Telephone Number (702) 648-1863 Fax Number ()

(Preparer of Form - Please Print Name) F.E.I. No. 20-4797239

DOCUMENT NUMBER - DATE
00891 FEB-4 80

FPSC-COMMISSION CLERK