

Competitive Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

RECEIVED-FPSC
 08 FEB -4 PM 3:15

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX943-07-0-R
 Great American Telephone, Inc.
 1700 South Main Street
 Las Vegas, NV 89104-1200
 DEPOSIT DATE:
 819 FEB 05 2008
 080000-07

FOR PSC USE ONLY
 Check # 6573
 \$ 6000.00 06-03-001 003001
 \$ _____ E
 \$ _____ P 06-03-001 004011
 \$ _____ I
 Postmark Date 1-30-08
 Initials of Preparer RT

PERIOD COVERED: 01/01/2007 TO 12/31/2007

Paula Records?

COMMISSION CLERK

Please Complete Below If Official Mailing Address Has Changed

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

COM _____

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1. ECR	Basic Local Services	\$ - 0 -	\$ _____
2. ECR	Long Distance Services (IntraLATA only) ⁽¹⁾	_____	_____
3. GCL	Access Services	_____	_____
4. GCL	Private Line Services	_____	_____
5. OPC	_____	_____	_____
6. OPC	_____	_____	_____
7. RCA	_____	_____	_____
8. SCR	_____	_____	_____
9. SGA	_____	_____	_____
10. SGA	_____	_____	_____
11. SEC	_____	_____	_____
12. SEC	_____	_____	_____
13. OTH	_____	_____	_____
14. OTH	_____	_____	\$ - 0 - ⁽³⁾

No Business has been conducted in the state as of yet

Assessment Fee Calculation (Line 7 less Line 8)

- (1) _____ 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

- Facilities-Based Provider
- Reseller
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

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

 (Signature of Company Official) (Title) (Date) 1-30-08

Telephone Number _____ Fax Number _____

(Preparer of Form - Please Print Name)

F.E.I. No. 20-4797239

DOCUMENT NUMBER: 00892 FEB-4 80
 FPSC-COMMISSION CLERK