

Interexchange Company Regulatory Assessment Fee Return

STATUS: Records
 Actual Return
 Estimated Return
 Amended Return Paula

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ799-07-0-R
 TTE
 P. O. Box 11042
 Tallahassee, FL 32302-3042

080000

FOR PSC USE ONLY!

Check # No Check!

\$ _____ 06-03-001
 003001

\$ _____ E
 \$ _____ P 06-03-001
 004011

\$ _____ I

Postmark Date _____
 Initials of Preparer _____

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

Please Complete Below If Official Mailing Address Has Changed

Tallahassee Telephone Exchange, PO Box 11042, Tall, FL 32302

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS REVENUE	
		OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	\$ _____	\$ _____
3.	Private Line Services	\$ _____	\$ _____
4.	Leased Facilities & Circuits Services	\$ _____	\$ _____
5.	Miscellaneous Services	\$ _____	\$ _____
6.	TOTAL Telephone Services	\$ _____	\$ _____
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES 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.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)	\$ _____	\$ _____

(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 () Rebillor () 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)

 Telephone Number () Fax Number ()

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

RECEIVED - FPSC
 08 FEB - 6 PM 1:37
 COMMISSION CLERK
 DOCUMENT NUMBER - DATE
 00935 FEB-6-8

FPSC-COMMISSION CLERK