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COMMISSION
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January 31, 2008

To Whom It May Concern:

ATMC Inc. has not done business in the State of Florida
for several years and therefore is withdrawing all Tariffs and Certifications
for doing business in your State.

Sincerely,

Tina Meseberg
ATMC Inc
VP of Operations
9045 Haven Ave, #106
Rancho Cucamonga, CA 91730
(909) 948-5700 ext 3701
Tina@useatmc.com

DOCUMENT NUMBER - DATE

00955 FEB-7 08

FPSC-COMMISSION CLERK

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

Records + Paula

TJ620-07-0-R
ATMC, Inc.
9045 Haven Avenue, Suite 106
Rancho Cucamonga, CA 91730-5427

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY)
Check # No Check
\$ _____ 06-03-001
\$ _____ 003001
\$ _____ E
\$ _____ P 06-03-001
\$ _____ I 004011
Postmark Date _____
Initials of Preparer _____

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS 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)		\$ _____ ⁽²⁾

(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)

(Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

F.E.I. No. _____