

*cc: [unclear] + Paula*

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2004

**Interexchange Company Regulatory Assessment Fee Return**

TOTAL \$ 169.00

STATUS:

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TX621-03-0-R

TotalCom America Corporation  
100 North Biscayne Blvd., Suite 812  
Miami, FL 33132-2320

Docket No. 041463-TX

DEPOSIT DATE  
8 22 FEB 19 2008

FOR PSC USE ONLY

Check # 4008 1717

\$ 50.00 0603001  
003001

\$ 12.50 P 0603001  
004011

\$ 25.00 I

Postmark Date 2-13-08

Initials of Preparer RT

PERIOD COVERED:  
01/01/2003 - 12/31/2003

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	30,957	0
6.	<b>TOTAL Telephone Services</b>	\$ 30,957	\$ 0
7.	LESS: Amounts Paid to Telecommunications Companies (1)	( 21,824 )	( 0 )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ 0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		50.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		12.50
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		25.00
12.	Extension Payment Fee (see "4. Extension" on back)		
13.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		\$ 87.50 (2)

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COMMISSION CLERK

(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 \$50 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 if other than yourself.

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

What is the total amount of customer deposits collected? Amount: \$ 0 for 20 03

What is the total amount of bond held (if applicable)? Amount: \$ 0 Expires: \_\_\_\_\_

**COMPANY INFORMATION**

Do you lease telecommunications facilities?  YES  NO

YES, who do you lease these facilities from? Name: AT&T (formerly BellSouth)

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 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 public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) Antonio Brito President (Title) 02/05/2008 (Date)

Telephone Number (305) 372-3400 Fax Number (305) 372-9100

F.E.I. No. 650794532

DATE RECEIVED  
01280 FEB 19 08  
FPSC-COMMISSION CLERK