

080298

Interexchange Company Regulatory Assessment Fee Return

RECEIVED-PPSC

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2008 TO 12/31/2008

*Records +
pawc*

(See Filing Instructions on Back of Form)

TJ465-08-0-R
Telapex Long Distance, Inc.
1018 Highland Colony Parkway, #400
Ridgeland, MS 39157-2065

DEPOSIT DATE
848 JUN 18 2008

COMMISSION CLERK

FOR PSC USE ONLY

Check # 28767

\$ 700.00 06-03-001
003001

\$ _____ E

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 6/11/08

Initials of Preparer RT

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	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	_____	_____
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	\$ <u>- 0 -</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)	_____	\$ <u>700.00</u>
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)	_____	\$ <u>700.00</u> ⁽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.

Walter Thomas VP, Telapex, Inc. 6/11/08
(Signature of Company Official) (Title) (Date)

Beth Thomas Telephone Number 601 487-7153 Fax Number 601 487-7135
(Preparer of Form - Please Print Name)

F.E.I. No. 64-0778596

DOCUMENT NUMBER - DATE
05218 JUN 19 08
FPSC-COMMISSION CLERK