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COMMISSION  
CLERK

## REGNUM GROUP, INC.

### Regulatory & Communications Consultants

7999 NW 53 Street, Miami, FL 33166  
Tel: (305) 468-1645 Fax: (305) 468-8509  
reg@regnumgroup.com

080427-TI

April 23, 2008

Florida Public Service Commission  
Division of Telecommunications  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Regarding: BroadRiver Communication Corporation – FL CLEC+IXC Annual RAF Reports

To Whom It May Concern:

Per our conversation in regards to the restoration FL CLEC and FL IXC filings for BroadRiver Communication Corporation, please see the attached Florida CLEC Annual Reports and fees that were to have been submitted in January 2002 (to report 2001 generated revenues) for both the FL CLEC registration and FL IXC registration as well as the January 2003 (to report 2002 revenues) due for the FL IXC registration.

Please note that the enclosed FL CLEC Annual Reports and FL IXC Annual Reports along with payments are being submitted along with the attached Florida CLEC Restoration filing and Florida IXC restoration filing per our discussions and previous materials submitted prior.

Questions regarding this filing may be directed to Alonzo Beyene at 305-468-1645 or emailed to reg@regnumgroup.com.

Sincerely,

Alonzo Beyene  
Regulatory Consultant

rf  
Enclosure

DOCUMENT NUMBER-DATE

05596 JUN 27 8

FPSC-COMMISSION CLERK

Enclosure List

Attachment A  
Attachment B  
Attachment C

Florida CLEC Annual due Jan. 2002  
Florida IXC Annual due Jan. 2002  
Florida IXC Annual due Jan. 2003

DOCUMENT NUMBER-DATE

05596 JUN 27 8

FPSC-COMMISSION CLERK

# Competitive Local Exchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

**FIELD(1)**

FL CLEC# TX427  
 BroadRiver Communication Corporation  
 1000 Hemphill Avenue  
 Atlanta, GA 30318-5441

**FOR PSC USE ONLY**

Check # \_\_\_\_\_  
 \$ \_\_\_\_\_ 06-03-001  
 \_\_\_\_\_ 003001  
 \$ \_\_\_\_\_ P \_\_\_\_\_  
 \_\_\_\_\_ 06-03-001  
 \_\_\_\_\_ 004011  
 \$ \_\_\_\_\_ I \_\_\_\_\_  
 Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

PERIOD COVERED:

FIELD(3)

01/01/01 to 12/31/01

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.	Basic Local Services	\$ _____	\$ 0.00
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	_____	0.00
3.	Access Services	_____	0.00
4.	Private Line Services	_____	0.00
5.	Leased Facilities & Circuits Services	_____	0.00
6.	Miscellaneous Services	_____	0.00
7.	<b>TOTAL REVENUES</b>		\$ 0.00
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>		0.00
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 0.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		50.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		12.50
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		36.50
13.	Extension Payment Fee (see "4. Extension" on back)		0.00
14.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		\$ 99.00 <sup>(3)</sup>

(1) Other long distance revenue 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 \$50 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 if 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/her duty shall be guilty of a misdemeanor of the second degree.

X *Fran Audia* Fran Audia - Secretary & CFO 04/23/08  
 (Signature of Company Official) (Title) (Date)

Alonzo Beyene of Regnum Group, Inc. Telephone Number (404) 961-1013 Fax Number (404) 961-1893  
 (Preparer of Form - Please Print Name)

F No. 8254291

# Interexchange Company Regulatory Assessment Fee Return

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

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

**TJ364 (FL IXC#)**  
**BroadRiver Communication Corporation**  
**1000 Hemphill Avenue**  
**Atlanta, GA 30318-5441**

**FOR PSC USE ONLY**  
 Check # \_\_\_\_\_  
 \$ \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 003001  
 \$ \_\_\_\_\_ P \_\_\_\_\_  
 \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 004011  
 \$ \_\_\_\_\_ I \_\_\_\_\_  
 Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

PERIOD COVERED:  
01/01/02 to 12/31/02

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	\$ _____	\$ 0.00
2.	Access Services	_____	0.00
3.	Private Line Services	_____	0.00
4.	Leased Facilities & Circuits Services	_____	0.00
5.	Miscellaneous Services	_____	0.00
6.	<b>TOTAL Telephone Services</b>	\$ _____	\$ 0.00
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( 0.00 )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ 0.00
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)		30.00
12.	Extension Payment Fee (see "4. Extension" on back)		0.00
13.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		\$ 92.50 <sup>(2)</sup>

(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)

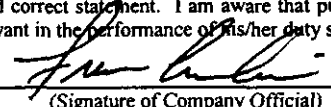
What is the total amount of customer deposits collected?  
 Amount: \$ 0.00 for 20 \_\_\_\_\_

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

### COMPANY INFORMATION

Do you lease telecommunications' facilities? ( ) YES (X) 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.

X  \_\_\_\_\_  
 (Signature of Company Official) Fran Audia - Secretary & CFO 04/23/08  
 (Title) (Date)

Alonzo Beyene of Regnum Group, Inc.  
 (Preparer of Form - Please Print Name) Telephone Number ( 404 ) 961-1013 Fax Number ( 404 ) 961-1893  
 F.E.I. No. 582543913

# Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

**TJ364 (FL IXC#)**  
**BroadRiver Communication Corporation**  
 1000 Hemphill Avenue  
 Atlanta, GA 30318-5441

PERIOD COVERED:  
 01/01/01 to 12/31/01

**FOR PSC USE ONLY**

Check # \_\_\_\_\_

\$ \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 003001

\$ \_\_\_\_\_ P \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 004011

\$ \_\_\_\_\_ I \_\_\_\_\_

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

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	\$ _____	\$ 0.00
2.	Access Services	_____	0.00
3.	Private Line Services	_____	0.00
4.	Leased Facilities & Circuits Services	_____	0.00
5.	Miscellaneous Services	_____	0.00
6.	<b>TOTAL Telephone Services</b>	<b>\$ _____</b>	<b>\$ 0.00</b>
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( 0.00 )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		<b>\$ 0.00</b>
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)		36.50
12.	Extension Payment Fee (see "4. Extension" on back)		0.00
13.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		<b>\$ 99.00 <sup>(2)</sup></b>

(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: \$ 0.00 for 20 \_\_\_\_\_

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

### COMPANY INFORMATION

Do you lease telecommunications facilities? ( ) YES (X) NO

If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

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X \_\_\_\_\_  
 (Signature of Company Official) **Fran Audia - Secretary & CFO** 04/23/08  
 (Title) (Date)

**Alonzo Beyene of Regnum Group, Inc.**  
 (Preparer of Form - Please Print Name)

Telephone Number ( 404 ) 961-1013 Fax Number ( 404 ) 961-1893

F.E.I. No. 582543913