

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:
01/01/2008 TO 12/31/2008

Records + Paula

TK165-08-0-R
 Excella Communications Inc.
 1700 South Main Street
 Las Vegas, NV 89104-1200
 DEPOSIT MADE
 857 · JUL 29 2008

FOR PSC USE ONLY
 Check # 1383
 \$ 700.00 06-03-001
 003001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 7-23-08
 Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

LINE NO.	ACCOUNT CLASSIFICATION	COM	ECR	GCL	OPC	RCP	SSC	SGA	ADM	CLK	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										\$ <u>0</u>	\$ <u>0</u>
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)										\$ <u>700.00</u>	\$ <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: filed for cancellation

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.

Jack Pestano (Signature of Company Official) CEO (Title) 7/22/08 (Date)
 Telephone Number (702) 888-1018 Fax Number (702) 531-5000
 (Preparer of Form - Please Print Name) DOCUMENT NUMBER-DATE

F.E.I. No. 80-0177812

Interexchange Company Regulatory Assessment Fee Return

Total \$ 2903.00

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
09/20/2007 TO 12/31/2007

Records + papers

(See Filing Instructions on Back of Form)

TK165-07-0-R
 Excella Communications Inc.
 1700 South Main Street
 Las Vegas, NV 89104-1200
 857 · JUL 29 2008

FOR PSC USE ONLY

Check # 1383

\$ 700.00 06-03-001
003001

\$ _____ E

\$ 175.00 P 06-03-001
004011

\$ 42.00 I

Postmark Date 7-23-08
 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	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(0)	(0)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 0
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)		<u>175.00</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>42.00</u>
12.	Extension Payment Fee (see "4. Extension" on back)		
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$ <u>917.00</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: Filed for cancellation

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] (Signature of Company Official) CEO (Title) 7/22/08 (Date)

Jack Pestaner (Preparer of Form - Please Print Name) Telephone Number (702) 888-1018 Fax Number (702) 531-5000

F.E.I. No. 80-0177812

Competitive Local Exchange Company Regulatory Assessment Fee Return

TOTAL \$ 2903.00

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX944-08-0-R
 Excella Communications Inc.
 1700 South Main Street
 Las Vegas, NV 89104-1200
 857 • JUL 29 2008
 080493-TX

FOR PSC USE ONLY

Check # 1383

\$ 600.00 06-03-001
 003001

\$ _____ E

\$ _____ P 06-03-001
 004011

\$ _____ I

Postmark Date 7-23-08
 Initials of Preparer RT

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

Power Records

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	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ <u>0</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		_____
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ <u>0</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
13.	Extension Payment Fee (see "4. Extension " on back)		_____
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)		\$ <u>600.00</u> ⁽³⁾

(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 \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

() Facilities-Based Provider

() Reseller

Other: filed for cancellation

BILLING INFORMATION

Complete below if billing agent is 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 official duty shall be guilty of a misdemeanor of the second degree.

[Signature]
 (Signature of Company Official)
Jack Pestaner
 (Preparer of Form - Please Print Name)

CEO (Title)
7/22/08 (Date)
 Telephone Number (702) 888-1018 Fax Number (702) 531-5000

F.E.I. No. 80-0177812

Competitive Local Exchange Company Regulatory Assessment Fee Return

TOTAL \$ 2905.00

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
12/14/2007 TO 12/31/2007

PChula + Records

(See Filing Instructions on Back of Form)

TX944-07-0-R
 Excella Communications Inc.
 1700 South Main Street
 Las Vegas, NV 89104-1200

080493-TX

DEPOSIT DATE
 857 · JUL 29 2003

FOR PSC USE ONLY

Check # 1383
 \$ 600.00 06-03-001
 003001
 \$ _____ E
 \$ 810.00 P 06-03-001
 004011
 \$ _____ I
 Postmark Date 723-08
 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.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ <u>0</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		_____
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ <u>0</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		<u>600.00</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>150.00</u>
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>36.00</u>
13.	Extension Payment Fee (see "4. Extension" on back)		_____
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)		\$ <u>786.00</u> ⁽³⁾

(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 \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Provider
 Reseller
 Other: Filed for cancellation

BILLING INFORMATION

Complete below if billing agent is 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 official duty shall be guilty of a misdemeanor of the second degree.

[Signature] (Signature of Company Official) CEO (Title) 7/22/08 (Date)
Jack Pestaner (Preparer of Form - Please Print Name)
 Telephone Number (702) 888-1018 Fax Number (702) 531-5000

F.E.I. No. 80-0177812