

080370-TJ

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2008

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

Records

(See Filing Instructions on Back of Form)

TJ723-07-0-R
 NobelTel, LLC
 3100 Cumberland Blvd. Suite 900
 Atlanta GA 30339

DEPOSIT DATE
 867 . SEP 03 2008

FOR PSC USE ONLY

Check # 0000003144
 \$ 700.00 06-03-001
 003001

\$ _____ E
 \$ _____ P 06-03-001
 004011

\$ _____ I

Postmark Date 8/27/08
 Initials of Preparer RT

Please Complete Below if Official Mailing Address Has Changed

NobelTel, LLC (Name of Company) 5857 Owens Avenue, Suite 202 (Address) Carlsbad, CA (City/State) 92008-5507 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS REVENUE	
		OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 6,974,747.82	\$ 68,761.76
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ _____	\$ 68,761.76
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 68,761.76
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		137.52
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)		\$ 700.00 ⁽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 (X) 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: _____

COM

ECR

GCL 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.

OPC James Willis (Signature of Company Official) Attorney in fact (Title) 8/27/08 (Date)

SSG Alex Stewart/TCS (Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

ADM F.E.I. No. 20-8120336

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Grant

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FPSC-COMMISSION CLERK