

# Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

(See Filing Instructions on Back of Form)

TK131-08-0-R  
Lyca Tel, LLC  
570 Broad Street, Suite 301  
Newark, NJ 07102-4456

090285-TJ

DEPOSIT DATE  
JUN 19 2009

FOR PSC USE ONLY

Check # 30143

\$ ~~700.00~~ 06-03-001  
\$ 746.12 - R 003001  
E

\$ ~~46.12~~ 06-03-001  
P 004011

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

Postmark Date 6-12-09  
Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

*Records*

LycaTel LLC. 570 Broad Street Newark, NJ 07102  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ <u>374560</u>
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 <sup>(1)</sup>	_____	_____
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
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>746.12</u> <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 \$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 for application? 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.

Somasuntharan (Signature of Company Official) Finance manager (Title) 06/12/09 (Date)

Somasuntharan Thayaparan (Preparer of Form - Please Print Name) Telephone Number (912) 286-0771 Fax Number (912) 286-0773

F.E.I. No. \_\_\_\_\_

06385 JUN 25 8

FPSC-COMMISSION CLERK

RECEIVED-PPSC  
09 JUN 25 PM 3:50  
COMMISSION  
CLERK

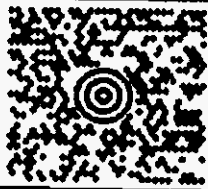
LYCATEL LLC  
9732860771  
LYCATEL LLC  
570 BROAD ST  
NEWARK NJ 07102

LTR

1 OF 1

**SHIP TO:**

FLORIDA PUBLIC SERVICE COMMISSION  
2540 SHUMARD OAK BLVD  
TALLAHASSEE FL 32399-7019



**FL 323 0-01**



**UPS NEXT DAY AIR SAVER 1P**  
TRACKING #: LZ 330 3WR 13 9432 3090



BILLING: P/P

US 11.1.05. WXPZ60 00.0A 04/2009

