

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2009 TO 12/31/2009

*Records
Nancy*

(See Filing Instructions on Back of Form)

TK201-09-0-R
Mosaic Telecommunications LLC
1172 Nottingham Road
Grosse Pointe Park, MI 48230-1340

DEPOSIT DATE

09 7 3 DEC 31 2009

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 10602

\$ 700.00 06-03-001
003001

\$ _____ E

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 12-21-09
Initials of Preparer RT

Docket # 090485-TI

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>0</u>	\$ <u>0</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 ⁽¹⁾	(<u>0</u>)	(<u>0</u>)
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>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: out of business

BILLING INFORMATION

Complete below if billing agent is other than yourself.

APA _____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)

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

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

COMPANY INFORMATION

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

SSC If YES, who do you lease these facilities from? Name: _____

ADM 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.

Janice Moran (Signature of Company Official) Member (Title) 12-21-09 (Date)

Telephone Number (313) 549-4701 Fax Number _____

(Preparer of Form - Please Print Name)

F.E.I. No. _____

DOCUMENT NUMBER 12269 DEC 31 2009 PSC-001

Mosiac Telecommunications LLC
1172 Nottingham Rd
Grosse Pointe Park, MI 48230

METROPLEX MI 480

21 DEC 2009 PM 15 T



Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Attn: Fiscal Services

323330230



DOCUMENT NUMBER - DATE

12269 DEC 30 08

FPSC-COMMISSION CLERK