

# Competitive Local Exchange Company Regulatory Assessment Fee Return

100000-0T

Florida Public Service Commission

RECEIVED - FPSC

FOR PSC USE ONLY

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

Nonnye  
sancy

TA045-09-0-R  
Dedicated Fiber Systems, Inc.  
Salisbury Road, Suite 4004  
Jacksonville, FL 32256-6107  
DEPOSIT DATE 7 5 JAN 0 8 2010  
4012 EAGLE LANDING PARKWAY  
ORANGE PARK, FL 32065

10 JAN - 8 AM 10:34

COMMUNICATIONS  
CLERK

Check # 2110  
\$ 600.00 06-03-001 003001  
\$ \_\_\_\_\_ E  
\$ \_\_\_\_\_ P 06-03-001 004011  
\$ \_\_\_\_\_ I  
Postmark Date 1-4-2010  
Initials of Preparer RS

Please Complete Below If Official Mailing Address Has Changed

DEDICATED FIBER SYSTEMS INC 4012 EAGLE LANDING PARKWAY ORANGE PARK, FL 32065  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	0	0
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
7.	<b>TOTAL REVENUES</b>		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>		0
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 0
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		0
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		0
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		0
13.	Extension Payment Fee (see "4. Extension" on back)		0
14.	<b>TOTAL AMOUNT DUE (\$600.00 MINIMUM)</b>		\$ <u>600.00</u> <sup>(3)</sup>

COM  
APA  
ECR  
GCL  
RAD  
SSC  
ADM  
OPC  
CLK

(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: DATA FLAG PROVIDER + BULLDOZER

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.  
4012 EAGLE LANDING PKWY, ORANGE PARK FL (804) 264-3036  
(Name) (Address: City/State/Zip) (Telephone)  
32065

**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.

Charles E. Nichols (Signature of Company Official) REG AGENT (Title) 1/1/10 (Date)  
CHARLES E. NICHOLS (Preparer of Form - Please Print Name) Telephone Number (904) 264-3036 Fax Number (904) 212-0102

F.E.I. No. 59-3450560

DOCUMENT NUMBER - DATE  
00182 JAN - 8 01

FPSC-COMMISSION OFFICE