

Interexchange Company Regulatory Assessment Fee Return 100000-0T

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TJ048-09-0-R
 1818 Communications
 1935 Hollywood Blvd.
 Hollywood, FL 33020-4508

DEPOSIT DATE
 09 07 FEB 02 2010

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

FOR PSC USE ONLY

Check # 1053

\$ 700.00 06-03-001
 003001

\$ _____ E

\$ _____ P 06-03-001
 004011

\$ _____ I

Postmark Date 1-27-2010
 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	\$ 824,756.14	\$ 3122.83
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ _____
COM	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
APA	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	\$ 3122.83
ECR	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)	_____	_____
GCL	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
RAD	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
SSG	Extension Payment Fee (see "4. Extension" on back)	_____	_____
ADM	TOTAL AMOUNT DUE (\$700.00 MINIMUM)	_____	\$ 6.24 ⁽²⁾

COMPANY CLOSED
 on 12/31/2009
 out of BUSINESS

(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 (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.

ELI SHUBER (Signature of Company Official) president (Title) 1/28/2010 (Date)

Telephone Number (954) 922-4088 Fax Number (954) 922-3072

F.E.I. No. _____

RECEIVED-FPSC
 10 FEB 2 AM 11:48
 COMMISSION CLERK

DOCUMENT NUMBER-DATE
 00740 FEB-29
 FPSC-COMMISSION CLERK