REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

Date:	2/5/2010		Docket No.:	100067-TI

1. From Staff / Division:		Pruitt/Rad

2. OPR:	RAD

3. OCR:	GCL

4. Suggested Docket Title:	Acknowledgment of canellation of IXC Registration No. TJ945 by Totally Voip, Inc., effective December 31, 2009.

(stamp, rotated: RECEIVED-FPSC 10 FEB -5 AM 11:25 COMMISSION CLERK)

5. Program/Module/Submodule Assignment:	B13c

6. Suggested Docket Mail List.

a. Provide NAMES/ACRONYMS, if registered company.	☐ Provided as an Attachment

Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):
TJ945	Totally Voip, Inc.	

b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)

Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):

7. Check one:	☒ Supporting Documentation Attached	☐ To be provided with Recommendation

Comments: move Document No. 00721-10 from 100000-OT to this docket - used as supporting documentation

Document2

I 00067 -TI

UANCY + Record

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

STATUS:

___ Actual Return

___ Estimated Return

___ Amended Return

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

PLEASE CANCEL

TJ945-09-0-R
Totally Voip, Inc.
17874 North Highway 41
Lutz, FL 33549-4502

DEPOSIT DATE

D 995 FEB 02 2010

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY		
Check # 1176		
$ 700.00		06-03-001 003001
$_____	E	
$_____	P	06-03-001 004011
$_____	I	
Postmark Date 1-29-2010		
Initials of Preparer		RT

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	$_____	$ 0.00
2.	Access Services	_____	0
3.	Private Line Services	_____	0
4.	Leased Facilities & Circuits Services	_____	0
5.	Miscellaneous Services	_____	0
6.	**TOTAL Telephone Services**	$_____	$ 0
7.	LESS: Amounts Paid to Telecommunications Companies[1]	(_____)	(0)
8.	**TOTAL REVENUES** For Regulatory Assessment Fee Calculation		$ 0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		0
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		0
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		0
12.	Extension Payment Fee (see "4. Extension" on back)		0
13.	**TOTAL AMOUNT DUE ($700.00 MINIMUM)**		$ 700.00 [2]

(1) These amounts must be <u>intrastate only</u> 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?   What is the total amount of bond held (if applicable)?

Amount: $ 0 for 20_____   Amount: $ 0 Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? ( ) YES   (X) 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.

(Signature of Company Official)   President   1-28-2010

(Signature of Company Official)   (Title)   (Date)

Harold Shankland

(Preparer of Form - Please Print Name)   Telephone Number (813) 390-5674   Fax Number (877) 561-8824

F.E.I. No. 20 1323288