

# REQUEST TO ESTABLISH DOCKET

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

Date:	2/5/2010	Docket No.:	100668-TI
1. From Staff / Division:	Pruitt/Rad		
2. OPR:	RAD		
3. OCR:	GCL		
4. Suggested Docket Title:	<u>Acknowledgment of cancellation of IXC Registration No. TJ048 by IAS Film Corporation d/b/a I.A.S. Intercommunication American Systems d/b/a EXP. d/b/a Extreme Telecommunications d/b/a 1818 Communications, effective December 31, 2009.</u>		
5. Program/Module/Submodule Assignment:	B13c		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
TJ048	1818 Communications		
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:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation
Comments: move Document No. 00740-10 from 100000-OT to this docket - used as supporting documentation			

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10 FEB - 5 AM 11:25  
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DOCUMENT NUMBER-DATE

00817 FEB-5 09

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Document2

100068-TI

# Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

TJ048-09-0-R  
 1818 Communications  
 1935 Hollywood Blvd.  
 Hollywood, FL 33020-1608  
**DEPOSIT DATE**  
 09 07 FEB 02 2010

FOR PSC USE ONLY	
Check #	1053
\$	700.00 06-03-001 003001
\$	E 06-03-001 004011
\$	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.	<b>TOTAL Telephone Services</b>	\$	\$
COM 7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( )	( )
APA 8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ 3122.83
ECR 9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		
GCL 10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
RAD 11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
SSG 12.	Extension Payment Fee (see "4. Extension" on back)		
ADM 13.	<b>TOTAL AMOUNT DUE (\$700.00 MINIMUM)</b>		\$ 6.24 <sup>(2)</sup>

*COMPANY CLOSED on 12/31/2009 out of BUSINESS*

**OPC** (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.

**CLK Grant**

**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.

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

\_\_\_\_\_  
 (Preparer of Form - Please Print Name) Telephone Number (954) 922-4088 Fax Number (954) 922-3072

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

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