

REQUEST TO ESTABLISH DOCKET

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

Date:	4/24/2010	Docket No.:	100199-TX
1. From Staff / Division:	Pruitt/ Rad <i>J</i>		
2. OPR:	RAD		
3. OCR:	GCL		
4. Suggested Docket Title:	Compliance investigation of CLEC Certificate No. 5691, issued to Global NAPS, Inc., for <u>apparent second-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.</u>		
5. Program/Module/Submodule Assignment:	A18a, A10		
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):	
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:			

COMMISSION CLERK
10 APR 22 PM 3:34
RECEIVED-FPSC

COM _____
 APA _____
 ECR _____
 GCL _____
 RAD _____
 SSC _____
 ADM _____
 OPC _____
 CLK *VB*

DOCUMENT NUMBER-DATE
 3140 APR 22 2010
 FPSC-COMMISSION CLERK

TX224-09-0-D

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>TX224 Global NAPS, Inc. 89 Access Road, Suite B Norwood, MA 02062-5232</p>	<p>B. Received by (Printed Name) C. Date of Delivery Lawrence (C) 2/2/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 3410 0002 4112 0752</p>

Regulatory Assessment Fee History Form

History | History 2 | Statistics | Comments | Forms | Mailing | Company | Accounts | Dockets | Consumer

Company Identification

Complete Name: Global NAPS, Inc.

Mailing Name: Global NAPS, Inc.

Company Code: TX224 Regulated: 09/15/1998 Inactive:

History Summary Information

RAF Period Covered: 01/01/2009-12/31/2009 CLX Service: CLX

Description	RAF Period	Postmark	Amount
RAF form e-mailed	01/01-12/31/2009	03/10/2010	
RAF form e-mailed	01/01-12/31/2009	03/03/2010	
Delinquent letter generated	01/01-12/31/2009	02/17/2010	
RAF form generated	01/01-12/31/2009	12/07/2009	

Isolate: All Entries

Modification Log

03/10/2010

Last modifier was made on Wednesday, March 10, 2010 at 12:45 PM by Nancy Pruitt

Competitive Local Exchange 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

TX224-09-0-R
 Global NAPS, Inc.
 89 Access Road, Suite B
 Norwood, MA 02062-5232

Please Complete Below If Official Mailing Address Has Changed

FOR FSC USE ONLY

Check # NO CHECK

\$ _____ 06-03-001
 _____ 003001

\$ _____ E

\$ _____ P 06-03-001
 _____ 004011

\$ _____ I

Postmark Date _____
 Initials of Preparer _____

Global NAPS, Inc. (Name of Company) 10 MARYMOUNT RD (Address) QUINCY MA 02139 (City/State) 02139 (Zip)

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

(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: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

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

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.

[Signature] (Signature of Company Official) SECRETARY (Title) _____ (Date)
Michael Chatur (Preparer of Form - Please Print Name) Telephone Number 617-507-5100 Fax Number 781-769-1012
 F.E.I. No. 51-037715

Harry 617-507-5113

Regulatory Assessment Fee Account Information

History History 2 Statistics Comments Forms Mailing Company Accounts Dockets Consumer

Company Identification

Complete Name: Global NAPS, Inc.

Mailing Name: Global NAPS, Inc.

Company Code: TX224 Regulated: 09/15/1998 Inactive:

RAF Account Information

RAF Period Covered: 01/01/2009-12/31/2009 CLX Service: GLX

Return Refresh Track up

Confidential
 RAF Form Received
 RAF Account Satisfied
 Amended Return
 Extension Approved
 RAF Correspondence Suspended

Do Not Calculate: Penalty Interest Comments Available

Number of Payments Received: 0

Operating Revenue: \$0.00 Gross Intrastate Revenue: \$0.00
 RAF Rate: Net RAF Due: \$0.00

Assessments	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Print/Preview
 RAF Documents
 Annual Reports
 Edit
 Cancel

1 of 1

Modification Log
 12/07/2009
 Last modification was made on Monday, December 7, 2009 at 8:21 AM by David Brown