

100220-TX

Competitive Local Exchange Company Regulatory Assessment Fee Return

RECEIVED-FPSC

10 AUG 31 AM 11:08

COMMISSION
CLERK

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX555-10-0-R
 North County Communications Corporation
 3802 Rosecrans, Suite 485
 San Diego, CA 92110-3114

DEPOSIT DATE
 071 SEP 01 2010

FOR PSC USE ONLY

Check # 25798
 \$ 600.00 06-03-001 003001
 \$ _____ E
 \$ _____ P 06-03-001 004011
 \$ _____ I

Postmark Date 8-30-10
 Initials of Preparer RT

PERIOD COVERED:
01/01/2010 TO 06/08/2010

Please Complete Below If Official Mailing Address Has Changed

~~NO~~ NOT YET IN SERVICE ~~NO~~

(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) ⁽¹⁾	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.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		0
9.	NET INTRASTATE OPERATING REVENUE 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.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)		\$ 0 ⁽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.

Todd Lesser (Signature of Company Official) PRESIDENT (Title) 8/30/10 (Date)

TODD LESSER (Preparer of Form - Please Print Name) Telephone Number (619) 364 4700 Fax Number ()

F.E.I. No. 33-0432101

- COM _____
- APA _____
- ECR _____
- GCL _____
- RAD _____
- SSC _____
- ADM _____
- OPC _____
- CLK Grant

DOCUMENT NUMBER-DATE

07227 AUG 31 0

FPSC-COMMISSION CLERK