

110053-T-1

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2011

Interexchange Company Regulatory Assessment Fee Return

RECEIVED - FPSC

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TK183-10-0-R
 Raza Telecom Inc
 5420 North Harlem Avenue
 Chicago, IL 60656

DEPOSIT DATE COMMISSION
 CLERK

1 FEB 11 AM 10:04
 1 20 FEB 10 2011
 (120) 2-11-11

FINAL RETURN - WITHDRAW IXC

Doc # 82230
 \$ 700.00 06-03-001
 003001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 1-31-11
 Initials of Preparer RT

PERIOD COVERED:
01/01/2010 TO 12/31/2010

Records
+
Toni

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	\$ 118,652	\$ 173
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 118,652	\$ 173
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 173
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		\$0.35
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⁾

COM _____
 APA _____
 ECR _____
 GCL 1 _____
 RAD 1 _____
 SSC _____
 ADM _____
 OPC _____
 CLK Nonive _____

- (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 (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)

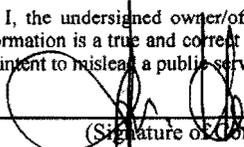
What is the total amount of customer deposits collected?
 Amount: \$ 0.00 for 20 10

What is the total amount of bond held (if applicable)?
 Amount: \$ n/a 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)
 Azim Hemani
 (Preparer of Form - Please Print Name)

President

 (Title)
 Telephone Number (773) 792-8150 Fax Number (773) 792-2292
 F.E.I. No. 36-4438244

DOCUMENT 1/31/2011
 01001 FEB 11 =
 FPSC-COMMISSION CLERK

Raza Telecom, Inc.
5420 N. Harlem Ave.
Chicago, IL 60656
Tel: 773-792-8150
Fax: 773-792-2292

January 31, 2011

Ann Cole - Commission Clerk
Florida Public Service Commission
Division of Telecommunications
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: Withdrawal of Raza Telecom Inc. IXC Authority (TK183)

Dear Ms. Cole,

Raza Telecom Inc. (Raza Telecom) is an Illinois Corporation with authority to operate in Florida. Raza Telecom applied for and was issued FL-IXC Registration TK183.

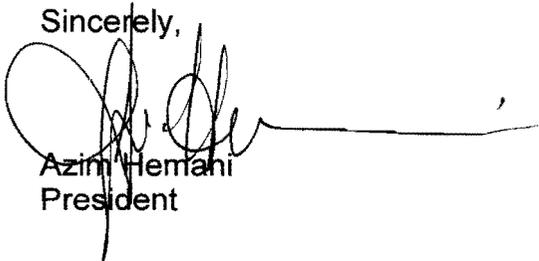
Raza Telecom has ceased sale of telecommunications services in Florida and respectfully requests to withdraw our Florida IXC authority.

With this withdrawal letter, we are filing our final Interexchange Company Regulatory Assessment Fee (RAF) Return for FY 2010 along with the minimum payment of \$700.

We understand that we will not be liable for any further RAF in Florida.

Please acknowledge receipt of this filing by returning, file-stamped, the extra copy of this cover letter in the self addressed stamped envelope provided for that purpose.

Sincerely,



Azim Hemani
President

DOCUMENT NUMBER-DATE
01001 FEB 11 =
FPSC-COMMISSION CLERK