

110079-TP
See TX 773

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

RECEIVED- FPSC

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

Nonnie + Toni

(See Filing Instructions on Back of Form)
TJ888-10-0-R
Connextel, Inc.
3001 West 12th Avenue, Suite 300
Hialeah, FL 33010
11 MAR 21 PM 1:06
COMMISSION DEPOSIT DATE CLERK
136 MAR 18, 2011

FOR PSC USE ONLY
Check # 18656370358
\$ 700.00
Postmark Date 3/19/11
Initials of Preparer km

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	\$	\$ 0.00
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$	\$ 0.00
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		6.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	Extension Payment Fee (see "4. Extension" on back)		
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$ 700.00

COM (1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
APA (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

- GCL Facilities-Based Carrier Reseller Call Aggregator
- ADM Alternate-Operator Service Rebiller Other: Out-of-Business - closed 12/31/10

BILLING INFORMATION

Complete below if billing agent is other than yourself.
ADM (Name) (Address: City/State/Zip) (Telephone)
OPC What is the total amount of customer deposits collected? Amount: \$ Expires
CLK 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 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 the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) (Title) (Date)
Adele Pita (Preparer of Form - Please Print Name) Telephone Number (305) 498-7733 Fax Number ()
F.E.I. No. 20077821

FPSC-COMMISSION CLERK