

110000-OT

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:
01/01/2010 TO 12/31/2010

TX566-10-0-R
Novus Communications, Inc.
2423 First Street
Ft. Myers, FL 33901

11 MAR 21

DEPOSIT DATE
136 MAR 18 2011

FOR PSC USE ONLY

Check # 1018

\$ 9600.00

06-03-001 003001

COMMISSION E

CLERK P 06-03-001 004011

\$ _____ I

Postmark Date 3/15/11

Initials of Preparer mm

Please Complete Below If Official Mailing Address Has Changed

NANCY PLEASE
CANCEL

Alonny + Toni

(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⁾		
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)		
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)		\$ 600.00 ⁽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.

COM _____

APA _____

ECR) Facilities-Based Provider

GCL _____

RESALER

OTHER: Closed

BILLING INFORMATION

Complete below if billing agent is other than yourself.

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

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 official duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) _____ (Title) President _____ (Date) 3/15/2011

Telephone Number (239) 222-9440 Fax Number _____

(Preparer of Form - Please Print Name) Maggie Pulido

F.E.I. No. 605-1004529

DOCUMENT NUMBER - DATE
018004 MAR 21 =

FPSC-COMMISSION CLERK