



TX630-10-0-C

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11 MAR 22 PM 12:42

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COMMISSION  
CLERK

March 15, 2011

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0876

Please cancel our CLEC status as soon as possible. We are TX630-10-0-R.

Thank you.

Jack Calloway  
President  
407-402-0435

- COM \_\_\_\_\_
- APA \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- RAD 1 \_\_\_\_\_
- SSC \_\_\_\_\_
- ADM \_\_\_\_\_
- OPC \_\_\_\_\_
- CLK Nonnye \_\_\_\_\_

250 N. Orange Ave, Ste 300 • Orlando, Florida 32801 • Phone: 407.685.8000  
www.VBNet.net

DOCUMENT NUMBER-DATE  
01903 MAR 22 =  
FPSC-COMMISSION CLERK

# Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

(See Filing Instructions on Back of Form)

TX630-10-0-R  
 VBNet, Incorporated  
 250 North Orange Avenue, Suite 300  
 Orlando, FL 32801-1816  
**DEPOSIT DATE**  
 13 MAR 18 2011

**FOR PSC USE ONLY**

Check # 2083  
 \$ 600.00 06-03-001 003001  
 \$ \_\_\_\_\_  
 \$ 60.00 P 06-03-001 004011  
 \$ 12.00 I  
 Postmark Date 3/15/11  
 Initials of Preparer km

*Alonnye + 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.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	<b>TOTAL REVENUES</b>	_____	\$ <u>0</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>	_____	_____
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	\$ <u>0</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)	_____	\$ <u>600.00</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	\$ <u>00</u>
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	\$ <u>12</u>
13.	Extension Payment Fee (see "4. Extension" on back)	_____	_____
14.	<b>TOTAL AMOUNT DUE (\$600.00 MINIMUM)</b>	_____	\$ <u>600.00</u> <sup>(3)</sup>

(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.

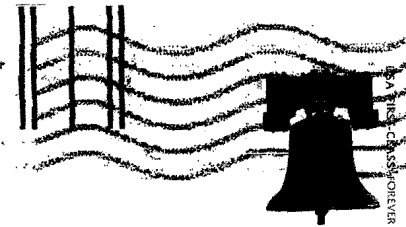
[Signature] (Signature of Company Official)      Secretary - BTR (Title)      3-15-11 (Date)  
Pamela Logsdon (Preparer of Form - Please Print Name)      Telephone Number 407 402 0134 Fax Number \_\_\_\_\_  
 F.E.I. No. 59-3383964



250 N. Orange Ave., Suite 300  
Orlando, Florida 32801

MID FLORIDA FL 327

15 MAR 2011 PM 1 1



ATTN: FISCAL  
FLORIDA PUBLIC SERVICE COMMISSION  
2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0876

