

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2014  
**Local Telephone Service Provider Regulatory Assessment Fee Return**

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
1/1/2013 TO 12/31/2013

*Records*

TY049-14-T-0-R  
Advanced Communications Southeast, Inc.  
P. O. Box 98  
Holly Springs NC 27540-0098

DATE DEPOSIT  
JAN 24 2014 3 8 2

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # 31930

\$ 600.00 06-03-001  
003001

\$ \_\_\_\_\_ 06-03-001  
004011

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Postmark Date 1-19-14 11 AM  
Initials of Preparer RR

COMMISSION CLERK  
RECEIVED  
FPSC

\_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ <u>0</u>	\$ <u>0</u>
2.	Network Access Revenues	_____	_____
3.	Long Distance Network Services Revenues	_____	_____
4.	Miscellaneous Revenues	_____	_____
5.	<b>TOTAL REVENUES</b>	\$ <u>0</u>	\$ <u>0</u>
6.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup>	_____	_____
7.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 5 less Line 6)	_____	\$ <u>0</u>
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than 600, enter amount. If less, enter \$600.) <sup>(2)</sup>	_____	_____
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Extension Payment Fee (see "4. Extension " on back)	_____	_____
12.	<b>TOTAL AMOUNT DUE</b> (Add lines 8 through 11)	_____	\$ <u>0</u>

(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 \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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]* \_\_\_\_\_ OFFICER \_\_\_\_\_ 12192013  
(Signature of Company Official) (Title) (Date)

JEFFREY M BRIDGES Telephone Number 919 6622662 Fax Number 919 6622982  
(Preparer of Form - Please Print Name)

F.E.I. No. 45-2123630

*12-19-2013*

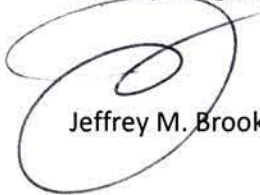
Advanced Communications Southeast, Inc.  
P.O. Box 98  
Holly Springs, NC 27540  
January 19 2014

Ms. Toni Joy Earnhart  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399

Ms. Earnhart,

Thank you for your email to me on January 15<sup>th</sup> 2014. Per your email, please find enclosed a check in the amount of \$600.00. This payment along with the previous filing, and my request for a December 31, 2013 cancellation should be a satisfactory submission in response to the requirements of the State.

Thank you again for your help,



Jeffrey M. Brooks