

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:
 Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
1/1/2018 TO 12/31/2018

Nancy-Records

(See Filing Instructions on Back of Form)

TY079-18-T-0-R
 InterMetro Fiber, LLC
 555 Sawgrass Corporate Parkway
 Sunrise, FL 33325-6211
 DATE DEPOSIT
 JAN 28 2019 215

FOR PSC USE ONLY

Check # 1108

\$ 600.00 06-03-001
003001

\$ _____ E

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 1-22-19
 Initials of Preparer PN

Please Complete Below If Official Mailing Address Has Changed

InterMetro Fiber, LLC 36 NE 2nd St Suite 510 MIAMI FL 33132
 (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.	TOTAL REVENUES	\$ <u>0</u>	\$ <u>0</u>
6.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾	_____	_____
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)	_____	_____
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾	_____	\$ <u>0</u>
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	\$ <u>600.-</u>
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.	TOTAL AMOUNT DUE (Add lines 8 through 11)	_____	\$ <u>600.-</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.

Jason M. Cohen PRESIDENT 1-15-19
 (Signature of Company Official) (Title) (Date)

ELEEN BONADIA Telephone Number 313 804-2166 Fax Number ()
 (Preparer of Form - Please Print Name)

F.E.I. No. 13-4232148
 COMMISSION CLERK

PSC/TEL 159 (12/11)
 Rule 25-4.0161, F.A.C.

2019 JAN 25 PM 1:51
 RECEIVED-FPSC