

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2023

Local Telephone Service Provider Regulatory Assessment Fee Return

**REDACTED**

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

Actual Return  
 Estimated Return  
 Amended Return

TX178-22-T-0-R  
Global Crossing Local Services, Inc.  
132 N. Calhoun St., Ste 3  
Tallahassee, FL 32301-1598

PERIOD COVERED:

01/01/2022 TO 12/31/2022

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 06-03-001  
003001

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

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_  
Initials of Preparer \_\_\_\_\_


Please Complete Below if Official Mailing Address Has Changed

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

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

- (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 of Company Official)

\_\_\_\_\_  
Manager-Regulatory Finance (per delegated authority of SVP and Controller)  
(Title)

\_\_\_\_\_  
2/22/2023  
(Date)

**Penny S. Nugent**  
\_\_\_\_\_  
(Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number (318) 388-9991

F.E.I. No. 38-3273802