TO AVOID PENALTY AND INTEREST CHARGES, THE	e REGULATORY ASSESSMENT FE	E RETURN MUST BE FILED ON OR BE	FORE 01/30/2003	um ORIGINAL
interex	Change Company	D2011	3_ <i>TP</i>	"" ONIGINAL
STATUS: 15e		Service Commission		FOR PSC USE ONLY Check#_//062
(/ A [ructions on Back of Form)		s 50.00
	TJ597-02-0-R Broadslate Networks	of Florida Inc		003001 003001
Amandad Daturn	30 Peter Jefferson P	-		0603001
	Charlottesville, VA 2			\$ 1004011
	DEPOSIT			Postmark Date 4/2/02 postmar K
01/04/2002 TO 12/31/2002	D2 01 🖷	APR 03 2002	1 1	Initials of Preparer
,	Please Complete Below I	If Official Mailing Address Has C	hanged	
BROADSHATE NETWO	KSINC 630	PETER JEFFERSON	1336 Ch	atiothernile VA 2291
(Name of Company)	- Standard	(Address)		(City/Siate) (Zip)
LINE NO. 44 ACCOUNT CLASSIFICA	TION	GROSS OPERATING	PEVENIII: N	TTRASTAVES RELIGIOS
《中国》(1984年) (2014年)	Y BOWN TO AN			INADIANE AND
1. Long Distance Services 2. Access Services	推荐!" 1 1 1 1 1 1 1 1	79214 81		19314757
Private Line Services Leased Facilities & Circuits Servi	ices	11317,31		
5. Miscellaneous Services		\$ 19314.51		19314 51
 TOTAL Telephone Services LESS: Amounts Paid to Other Telephone 	lecommunications Companies*	, , ,	<u>s</u> _	17817 -
(see "2. Fees" on back) 8. TOTAL REVENUES For Regular	tory Assessment Fee Calculatio	" (MINIMUM 5000	$\frac{1}{2}$	
 Regulatory Assessment Fee Due (Penalty for Late Payment (see "3. 	Failure to File by Due Date" or	n back)	_	50,00
 Interest for Late Payment (see."3. TOTAL AMOUNT DUE 		n back)		50,00
* These amounts must be intrastate only a				
AS PROVIDED IN	SECTION 364.336, FLO	RIDA STATUTES, THE MI	NIMUM ANNUAI	FEE IS \$50
	CURREN	T COMPANY STATUS		
()) Reseller	() Call Aggregator	Del Ti	701-1-5
() Alternate-Operator Service () Rebiller	W Other: KOCA	IC DET LE	Le Communication & Service provider
Complete below if billing agent if other than you		NG INFORMATION		•
Complete below if offining agent if odies than you	arsen.			()
(Name) What is the total amount of customer deposits or	ollected?	(Address: City/State/Zip)	What is the total or	(Telephone)
Amount: \$ for 19	onected:			mount of bond held (if applicable)? Expires:
	COMP	ANY INFORMATION		
Do you lease telecommunications' facilities? (If YES, who do you lease these facilities from?	()YES ()NO			
Address:		•		
				·····
AUSrect statement. I am aware that surs	uant to Section 837.06, Florida	Statutes, whoever knowingly make	e best of my knowledg es a false statement ir	ge and belief the above information is a nation with the intent to mislead a
CAFnt in the performance of his/her duty	shall be guilty of a misdemean		. 4	2/1
COM Signature of Company Official	<u>(</u>	? Preside	e NT	
ECR arle Macken	_	Telephone Number (434)		
GCL reparer of Form - Please Pr		F E.I. No		DOCUMENT NUMBER - ALL
OPC				03774 APR-38
SEC OTH				FPSC-COMMISSION CLERK
· · · · · · · · · · · · · · · · · · ·				FA20-commission office

Alternative Local Exchange Company Regulatory Assessment Fee Return

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:		rvice Commission	FOR PSC USE ONLY
Actual Return Estimated Return Amended Return	405		s_218.66 0603006 003001 sP
PERIOD COVERED:	DEPOSIT D201 APP	DATE 0 3 2002	0603006 004011 1 Postmark Date 4/2/02 00510
		Nailing Address Has Changed N PKWY STC 300 Address)	Charletics Ville, VA 2291 (City/State) (Zip)
LINE NO ACCOUNT CLASSI	FICATION	FLORIDA GROSS OPERATING RE	VENUE INTRASTATE REVENUE
1. Basic Local Services	the all selections are appropriate	المراجعين والمهماء المعادية ال	Lake made 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 Long Distance Services (IntraLATA o 	nly)**	·	
Access Services Private Line Services		145, 173.41	145 772.41
5. Leased Facilities & Circuits Services	•		113,713:11
6. Miscellaneous Services	:		
late		•	s 145, 773·41
7. TOTAL REVENUES 8. LESS: Amounts Paid to Other Teleco		*2 Face! on back)	\$
8. LESS: Amounts Paid to Other Teleco 9. Net Intrastate Operating Revenue for I			145, 773,41
10. Regulatory Assessment Fee Due (Muli			218:7010
11. Penalty for Late Payment (see "3. Fail			0
12. Interest for Late Payment (see "3. Fail	ure to File by Due Date" on ba	.	0
13. TOTAL AMOUNT DUE			s 218.60
 These amounts must be intrastate only and must Other long distance revenue must be listed on the AS PROVIDED IN SEC 	e Interexchange Regulatory Ass	essment Fee Return. STATUTES, THE MINIMUL	M ANNUAL FEE IS \$50
•	CURRENT COL	MPANY STATUS	·····
() Facilities-Based Provider	() Reseller. (√) Other: <u> </u>		cations serve provider
		FORMATION	
Complete below if billing agent if other than yourse	ır.		
(Name)		(Address: City/State/Zip)	(Telephone)
	COMPANY I	NFORMATION	
Do you have taless—municipal facilities?			
Do you lease telecommunications' facilities? () If YES, who do you lease these facilities from? N			
		•	
Address:			
I, the undersigned owner officer of the above-the is a true and correct statement. I am aware that pursuar a public serving in the performance of his/hor dury	to Section 837.06. Florida Sta	tutes, whoever knowingly makes a	of my knowledge and belief the above information false statement in writing with the intent to misles
mh/ Willeller	3.	Thurst	3/1x/m
(Signature of Company Official	1)	(Title)	(Date)
		Telephone Number ()	Fax Number ()
(Preparer of Form - Please Print	Name)	F.E.I. No	
70000 111 7 m			

PSC/CMU-7 (Rev. 11/11/99)



	Florida PUC				<u>Pennsylvania</u>			
2001	Revenue	Rate	Tax		Revenue	Rate	•	Тах
January	\$696.00	0.150%	\$1.04	L	\$21,652.20	_ 5	5.000%	\$1,082.61
February	\$600.00	0.150%	\$0.90		\$29,438.80		5.000%	\$1,471.94
March	\$3,200.00	0.150%	\$4.80	Ĺ.,	\$38,101.80	(5.000%	\$1,905.09
April	\$2,456.00	0.150%	\$3.68	L.	\$45,122.20		5.000%	\$2,256.11
May	\$10,048.00	0.150%	\$15.07	L.	\$63,413.40		5.000%	\$3,170.67
June	\$10,888.00	0.150%	\$16.33		\$71,593.80	{	5.000%	\$3,579.69
July	\$19,184.00	0.150%	\$28.78		\$73,180.40		5.000%	\$3,659.02
August	\$1,154.40	0.150%	\$1.73		\$75,977.80		5.000%	\$3,798.89
September	\$0.00	0.150%	\$0.00		\$75,966.20		5.000%	\$3,798.31
October	\$43,729.99	0.150%	\$65.59		\$81,644.00		5.000%	\$4,082.20
November	\$43,339.26	0.150%	\$65.01		\$35,396.80		5.000%	\$1,769.84
December	\$10,477.76	0.150%	\$15.72		\$36,554.80		5.000%	\$1,827.74
TOTALS:	\$145,773.41		\$218.66		\$648,042.20			\$32,402.11

2002 - FINAL KETURN TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIBLES/2) Alternative Local Exchange Company Regulatory Assessment Fee Return FOR PSC USE ONLY Florida Public Service Commission STATUS: (See Filing Instructions on Back of Form) 🕝 Actual Return 003001 Estimated Return TX405 Amended Return 0603006 004011 DEPOSIT PERIOD COVERED: APR 03 2002 D201 6 01/01/02-12/31/02 Initials of Preparer PKWY, Ste 300 Charlottes 1714 630 Peter deflesson Broadslate Networks, Inc. (Zip) FLORIDA ACCOUNT CLASSIFICATION ----LINE NO. Basic Local Services 1. Long Distance Services (IntraLATA only)** 2. Access Services 3. Private Line Services 4. Leased Facilities & Circuits Services 5 Miscellaneous Services 6. Lat. 7. TOTAL REVENUES LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) 8. Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8) Q. Regulatory Assessment Fee Due (Multiply Line 9 by 0,0015) (MINIMUM 4 50.00 10. Penalty for Late Payment (see "3. Failure to File by Due Date" on back) 11. Interest for Late Payment (see "3. Failure to File by Due Date" on back) 12. TOTAL AMOUNT DUE 13 These amounts must be intrastate only and must be verifiable. Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return. AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 CURRENT COMPANY STATUS DSL Telecommunications Service Provider () Facilities-Based Provider Complete below if billing agent if other than yourself. (Address: City/State/Zip) (Telephone) (Name) COMPANY INFORMATION

1, 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 ware that parsuant to Section 837.06, Florida Statutes, whoever knowledge makes a false statement in writing with the intent to mislead a public servant in the performance of his first duty shall be guilty of a misdemeanor of the second degree.

F.E.I. No.

Could Mar Serie

() YES

() NO

(Title)

Telephone Number () Fax Number ()

(Preparer of Form - Please Print Name)

Address:

Do you lease telecommunications' facilities?

If YES, who do you lease these facilities from? Name:

0• c

12,609.27 + Jan'02 6,705.24 + Fcb'02

19,314.51 * Total Revenue

19,314•51 ×

0•0015 =

28.971765 * Tax Amt.

L> \$ 50,00 MINIMUM on return

* No Bad Debt deduction permitted.