TO AVOID PENALTY AND INTEREST CHARGES, THE REGULAT		004
	change Company Regulatory Assess 2001 P+I, 2002 P+I ユー	nent Fee Return
NO Sorvice provided	lorida Public Service Commission	A LA TROP FOR PSCUSE ONLY
STATUS:	(See Filing Instructions on Back of Form)- URIGI	A Check# 199
Actual Return TX143-(D3-O-R	SIG 50.00 0603006 003001
A mended Keturn	ong Distance, Inc.	s 12.50 P 0603006
P. O. Bo	x 543 , NJ 08551-0534	003 3.50 004011
PERIOD COVERED:	03000-PU	130/13
01/01/2003 TO 12/31/2003	P. Isler	Postmark Date 915010.5
07 Please	Complete Below If Official Mailing Address Has Changed	Street Stre
10346 MAI 1840 2003		n and an and the second states of the
(Name of Company)	(Address)	(City/State)
and a second second Second second	FLORIDA	
LINE NO. ACCOUNT CLASSIFICATION 1. Basic Local Services	<u>GROSS OPERATING REVENUE</u> \$	sQ
Long Distance Services (IntraLATA only)**		(a) A set of the se
 4. Private Line Services 		
5. Leased Facilities & Circuits Services		
6. Miscellaneous Services	<i>P</i>	AUS
 TOTAL REVENUES LESS: Amounts Paid to Other Telecommunica 	tions Communias* (see ") Fees" on book)	\$GAF
	y Assessment Fee Calculation (Line 7 less Line 8)	CMP
 Regulatory Assessment Fee Due (Multiply Line Penalty for Late Payment (see "3. Failure to File 		
12. Interest for Late Payment (see "3. Failure to File		GCL _
 13. TOTAL AMOUNT DUE * These amounts must be <u>intrastate only</u> and must be ver 		s <u> </u>
** Other long distance revenue must be listed on the Inter		Iday II SEC 1 OTHA
AS PROVIDED IN SECTIO	ON 364.336, FLORIDA STATUTES, THE MINIMUM	
() Facilities-Based Provider	CURRENT COMPANY STATUS	ি বিভাগ হয়। এই বাহি বিশেষ বিশ্বিধিয়ালে এই বিভাগ বিশ্ববিদ্যালয় বিভাগ বিভাগ বিশ্ববিদ্যালয় বিশ্ববিদ্যালয় বিশ্ববিদ্যালয়
	() Other:	C. MARINE CONTRACTOR
	BILLING INFORMATION	
Complete below if billing agent if other than yourself.	- · · · · · · · · · · · · · · · · · · ·	
(Name)	(Address: City/State/Zip)	() (Telephone)
	COMPANY INFORMATION	
Do you lease telecommunications' facilities? () YES	NINO	
If YES, who do you lease these facilities from? Name:	· · · · · · · · · · · · · · · · · · ·	a da antiga esta da a A secondaria da antiga esta da antig
Address:	· · · · · · · · · · · · · · · · · · ·	and the second secon
I the understand owner/officer of the shove-parted o	ompany, have read the foregoing and declare that to the best of m	v howledge and heliof the above information is a
true and correct statement. I am aware that pursuant to Sec public sexuant in the performance of his/her duty shall be g	ction 837.06, Florida Statutes, whoever knowingly makes a false s	statement in writing with the intent to mislead a
Dual band		103
(Signature of Company Official)	(Titl	ate)
(Preparer of Form - Please Print Nan	Telephone Number (215) 49] DO(CUMENT NUMBER-DATE
	F.E.I. No. 65-02	04118 MAY-78