

ORIGINAL

021263-TI

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2003

Interexchange Company Regulatory Assessment Fee Return

STATUS:

T. McCoy  
CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check# 11860	
\$ 462.31	0603001
\$ 115.58	003001
	P
\$ 73.97	0603001
	004011
Postmark Date 4/30/03	
Initials of Preparer MC	

T1055  
 Capsule Communications Inc  
 1720 Windward Concourse, Suite 250  
 Alpharetta, GA 30005  
 DATE  
 P3468 MAY 07 2003

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2001 TO 12/31/2001

01/01/2001 to 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 867,374.00	\$ 308,204.00
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 867,374.00	\$ 308,204.00
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		308,204.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		462.31
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		498.80
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		74.42
12.	TOTAL AMOUNT DUE		\$ 1,035.53

\* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 19 \_\_\_\_

What is the total amount of bond held, (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

COMPANY INFORMATION

Do you lease telecommunications facilities?  YES  NO

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

Address: \_\_\_\_\_

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/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)

Patrick Hardy

(Preparer of Form - Please Print Name)

PRESIDENT & CEO (Title)

APRIL 28/03 (Date)

Telephone Number ( 678 775-2244 Fax Number ( 678 775-2254

F.E.I. No. 22-3055962

AUS  
CAF  
CMP  
COM  
CTR  
ECR  
GCL  
OPC  
MMS  
SEC  
OTH

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK