

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL 2002 P & I and 2003 RAF

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2003 TO 12/31/2003

*P. Isler
CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ121-03-0-R 030525-TI
 Nextel Long Distance **DEPOSIT DATE**
 2001 Edmund Halley Drive
 Reston, VA 20191-3421 D 356 JUN 11 2003
 CC: P. Isler

FOR PSC USE ONLY
 Check# 9287509
 \$ 50.00 0603001
 \$ 10.00 003001
 \$ 2.00 0603001
 004011
 Postmark Date 6/16/03
 Initials of Preparer MC

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	\$ _____	\$ 0
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ 0
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	10.00	50.00
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.00	_____
12.	TOTAL AMOUNT DUE	_____	\$ 62.00

* 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? What is the total amount of bond held (if applicable)?
 Amount: \$ 2 for 19 _____ 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.

X B. D. *SC TAX SPC* 3
 (Signature of Company Official) (Title)
Mindy Rone Telephone Number 733 433 488
 (Preparer of Form - Please Print Name)

DOCUMENT NUMBER-DATE
 05159 JUN 11 8
 FPSC-COMMISSION CLERK