

TO AVOID PENALTY AND INTREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2006

## Interexchange Company Regulatory Assessment Fee Return

STATUS: bocket		c Service Commission	FOR PSC USE ONLY Check# 13437
X Actual Return Estimated Return Amended Return	TJ923 -05-0- R Dollar Phone Corp.	······································	\$P 06-03-001 003001
PERIOD COVERED:	Brooklyn, NY 11211		06-03-001 004011
01/01/05 TO 12/31/05	×**	669 AUG 0 3 2006	SI Postmark Date / 78 - 01 - 06
			Postmark Date $200-01-00$ Initials of Preparer
forthe a perorder	Please Complete Below If O	fficial Mailing Address Has Changed	
(Name of Company)		(Address)	(City/State) (Zip)
1. Long Distance Services	CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE \$0.00	
<ol> <li>Access Services</li> <li>Private Line Services</li> </ol>			
4. Leased Facilities & Circuits	Services	0.00	
5. Miscellaneous Services		\$ 0.00	
6. TOTAL Telephone Services \$			\$0.00
	ner Telecommunications Companies (1	· •	_) ()
8. TOTAL REVENUES For Regulatory Assessment Fee Calculation			\$0.00
10. Penalty for Late Payment (s	Due (Multiply Line 8 by 0.0020) ee"3. Failure to file by Due Date" on t ee"3. Failure to file by Due Date" on t		\$
12. Extension Payment Fee (see		, ,	
13. TOTAL AMOUNT DUE (	(\$50 MINIMUM)		\$
(2) Regardless of the gross o Florida Statutes.	CURREN	mum annual regulatory assessment fee of Γ COMPANY STATUS	COM \$50 shall be imposed as provided in Section 364.33
() Facilities-Based Carrier (X) Alternate-Operator Service	( ) Reseller ( ) Rebiller	( ) Call Aggregator ( ) Other:	GCL
Complete below if billing agent if othe		IG INFORMATION	OPC RCA
(Name)		(Address: City/State/Zip)	(Telephone)
What is the total amount of customer of Amount: \$ for	deposits collected? 2005	What i	s the total amount of bond held (if applicable)?
Do you lease telecommunications' fac	ilities? () YES (X) NO	NY INFORMATION	SEC _/
If YES, who do you lease facilities fro Address:	m: Name:		OTH
I, the undersigned owner/officer of the e and correct statement. I am aware blic servant in the performance Phis/	e above-named company, have read th that purement to Section 837.06, Flori her tury shar be guilty of a misdemea	e foregoing and declare that to the best of data statutes, whoever knowingly makes a	of my knowledge and belief, the above information false statement in writing with the intent to mislea
(Signature of Company Official)		(Title)	(Date)
Moses Greenfield		Telephone Number: 718-889-1	100
(Preparer of Form-Please Print Name)		F.E.I.No. 52-2138231	DOCUMENT NUMBER-DAT
PSC/CMP-153 (Rev. 01/05)			07017 AUG-48