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COMMISSION __CLERK

REGNUM GROUP, INC.

Regulatory & Communications Consultants
7999 NW 53 Street, Miami, FL 33166
Tel: (305) 468-1645 Fax: (305) 468-8509
reg@regnumgroup.com

April 23, 2008

Florida Public Service Commission Division of Telecommunications 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

21 - LEHOBO MEOND - LX

Regarding: BroadRiver Communication Corporation - FL CLEC+IXC Annual RAF Reports

To Whom It May Concern:

Per our conversation in regards to the restoration FL CLEC and FL IXC filings for BroadRiver Communication Corporation, please see the attached Florida CLEC Annual Reports and fees that were to have been submitted in January 2002 (to report 2001 generated revenues) for both the FL CLEC registration and FL IXC registration as well as the January 2003 (to report 2002 revenues) due for the FL IXC registration.

Please note that the enclosed FL CLEC Annual Reports and FL IXC Annual Reports along with payments are being submitted along with the attached Florida CLEC Restoration filing and Florida IXC restoration filing per our discussions and previous materials submitted prior.

Questions regarding this filing may be directed to Alonzo Beyene at 305-468-1645 or emailed to reg@regnumgroup.com.

Sincerely,

Alonzo Beyene

Regulatory Consultant

rf Enclosure Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

person who forwarded checks

DOCUMENT NUMBER-DATE

05594 JUN 27 8

FPSC-COMMISSION CLERK

Enclosure List

Attachment A Attachment B Attachment C Florida CLEC Annual due Jan. 2002 Florida IXC Annual due Jan. 2002 Florida IXC Annual due Jan. 2003

to avoid penalty and interest charges, the regulatory assessment fee return must be filed on or before FIELD(2) Competitive Local Exchange Company Regulatory Assessment Fee Return

	Florida Public Service Commission	FOR PSC USE ONLY		
STATUS:	(See Filing Instructions on Back of Form)			
	(see Fining and service on pack of Farm)	Check #		
X Actual Return	FIELD(1)	\$06-03-001		
Estimated Return	1.000(1)	003001		
Amended Return	FL CLEC# TX427	P 06-03-001		
	BroadRiver Communication Corporation	004011		
BERTON COMPREN.	1000 Hemphilll Avenue	S1		
PERIOD COVERED:	Atlanta, GA 30318-5441			
FIELD(3)		Postmark Date		
01/01/01 to 12/31/01	<u></u>	Initials of Preparer		
	Please Complete Below If Official Mailing Address Has Changed			
	Tours complete setting to the setting to the setting of			
(Name of Company)	(Address)	(City/State) (Zip)		
LINE	FLORIDA GROSS			
	LASSIFICATION OPERATING REVENUE	INTRASTATE REVENUE		
Basic Local Services	\$	\$0.00		
2. Long Distance Services (IntraLATA of	only) (1)	0.00		
Access Services		0.00		
4. Private Line Services	<u></u>	0.00		
5. Leased Facilities & Circuits Services		0.00		
Miscellaneous Services		0.00		
7. TOTAL REVENUES		s 0.00		
8. LESS: Amounts Paid to Other Teleco	ommunications Companies (2)	0.00		
9. NET INTRASTATE OPERATING	REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	<u>s 0.00</u>		
10. Regulatory Assessment Fee Due (Mul		50.00		
11. Penalty for Late Payment (see "3. Fail		12.50		
12. Interest for Late Payment (see "3. Fail		36.50		
13. Extension Payment Fee (see "4. Exten	sion" on back)	0.00		
14. TOTAL AMOUNT DUE (\$50 MIN	IMUM)	\$ 99.00 (3)		
(1) Other long distance revenue must	be listed on the Interexchange Regulatory Assessment Fee Return.			
	only and must be verifiable (see "2. Fees" on back).			
(3) Regardless of the gross operating	g revenue of a company, a minimum annual regulatory assessment fee of \$50 s	shall be imposed as provided in Section 364.336,		
Florida Statutes.				
	CURRENT COMPANY STATUS			
(x) Facilities-Based Provider	(x) Reseller			
	() Other:			
Complete below if billing agent if other than y	BILLING INFORMATION			
Complete perovi it brining agont it bates many				
(Name)	(Address: City/State/Zip)	() (Telephone)		
(Ivalie)	(Address: City/Sate/Zip)	(1eephone)		
	COMPANY INFORMATION			
B 1 (1 1 1 2 16 199 6	40 MPG			
Do you lease telecommunications' facilities?	YES			
ii 1 ES, who do you lease these facilities from	1: Ivalite.			
Address:				
l, 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 fall			
a public servant in the performance of his/her	duty shall be guilty of a misdemeanor of the second degree.			
x Franklink	Fran Audia - Secretary	y & CFO 04/23/08		
(Signature of Company O		(Date)		
Alonzo Beyene of Regnum	• • •	13 Fax Number (404) 961-1893		
(Preparer of Form - Please		rax Number (* 0*) 301-103		
`	F.E.I. No. 582543913			
PSC/CMP 007 (Rev. 01/05)				

O AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2) Interexchange Company Regulatory Assessment Fee Return

STATUS:		Florida Public Service Commission		FOR PS	FOR PSC USE ONLY	
21A	105:	(See Filing Ins	tructions on Back of Form)	Check #		
<u>√</u>	Actual Return Estimated Return	TJ364 (FL IXC#)	ss	0603001 003001	
Amended Return PERIOD COVERED: 01/01/02 to 12/31/02		BroadRiver Communication Corporation 1000 Hemphilll Avenue Atlanta, GA 30318-5441		2	\$ r 0603001 004011 \$ 1	
O I	10 1/02 10 12/3 1/02			Initials of Prepare	er	
	r Table 1	Please Complete Below	If Official Mailing Address Has Change	d [
	(Name of Company)		Address)	(City/State)	(Zip)	
LINE		· · · · · · · · · · · · · · · · · · ·	FLORIDA GROSS		<u>-</u>	
NO.	ACCOUNT CLA	SSIFICATION	OPERATING REVENUE	<u>INTRAST</u> .	ATE REVENUE	
1.	Long Distance Services		s			
2. 3.	Access Services Private Line Services	•				
4.	Leased Facilities & Circuits Services			0.00 0.00		
5.	Miscellaneous Services					
6.	TOTAL Telephone Services		\$	\$ <u>0.00</u>		
7.	LESS: Amounts Paid to Telecommun	ications Companies (1)) (<u>0.00</u>)	
8.	TOTAL REVENUES For Regulator	y Assessment Fee Calculation		\$_0.00		
9. 10. 11. 12.	Regulatory Assessment Fee Due (Mu Penalty for Late Payment (see "3. Fai Interest for Late Payment (see "3. Fai Extension Payment Fee (see "4. Exter	lure to File by Due Date" on back) lure to File by Due Date" on back)		50.00 12.50 30.00 0.00		
13.	TOTAL AMOUNT DUE (\$50 MIN	IMUM)		\$ <u>92.50</u>	(2)	
	These amounts must be intrastate Regardless of the gross operating Florida Statutes.	g revenue of a company, a mini	mum annual regulatory assessment fee of	\$50 shall be imposed as provide	ded in Section 364.336	
∏ F₂	acilities-Based Carrier	CURRE.	NT COMPANY STATUS Call Aggregator			
	Iternate-Operator Service	Rebiller	Other:			
			ING INFORMATION			
Comp	lete below if billing agent if other than	yourseit.		(,	
	(Name) is the total amount of customer deposits			at is the total amount of bond held		
Amo	ount: \$_0.00 for 20	-	Am	ount: \$ Expire:	s:	
•	u lease telecommunications' facilities?	() YES (X) NO	ANY INFORMATION			
If YES	S, who do you lease these facilities from	n? Name:				
Α.	ddress:					
is a tru	the undersigned owner/officer of the undersigned owner/officer of the ue and correct statement. I am aware ic servant in the performance of his/her	that pursuant to Section 837.06,	nd the foregoing and declare that to the birding statutes, whoever knowingly make anor of the second degree.	est of my knowledge and belies a false statement in writing w	f the above information ith the intent to mislead	
X	Fre lula		Fran Audia	a - Secretary & CFO	04/23/08	
	(Signature of Company Off	icial)	(Title)		(Date)	
Alo	nzo Beyene of Regnum	Group, Inc.	Telephone Number (404) 961-10	013 Fax Number (404) 961	-1893	
	(Preparer of Form - Please	e rrint ivame)	F.E.I. No. 582543913			

O AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2) Interexchange Company Regulatory Assessment Fee Return

			7 707 706	1105 010 12
STATUS:		ervice Commission	FOR PSC	USE ONLY
SIATOS.	(See Filing Instruct	ions on Back of Form)	Check #	
✓ Actual Return Estimated Return	TJ364 (FL IXC#)		s	0603001 003001
Amended Return	Dana d Diversión	turni o- m	\$	P 0603001
	BroadRiver Commun	•		004011
PERIOD COVERNO	1000 Hemphilli Aveni		\$	ī
PERIOD COVERED:	Atlanta, GA 30318-54	141	Postmark Date	
01/01/01 to 12/31/01			Initials of Preparer	
	Please Complete Below If C	Official Mailing Address Has Changed		
(Name of Company)	(Addr	ess)	(City/State)	(Zip)
LINE		FLORIDA GROSS		
NO. ACCOUNT CLA	ASSIFICATION	OPERATING REVENUE	INTRASTA	TE REVENUE
1. Long Distance Services		\$	\$ <u>0.00</u> 0.00	
Access Services Private Line Services			0.00	<u> </u>
 Leased Facilities & Circuits Services Miscellaneous Services 			0.00	
6. TOTAL Telephone Services		\$	\$ <u>0.00</u>	
7. LESS: Amounts Paid to Telecommun	nications Companies (1)	()	(0.00	
8. TOTAL REVENUES For Regulator	•		\$_0.00	
9. Regulatory Assessment Fee Due (Mu	litiply Line 8 by 0.0020)		50.00	·
10. Penalty for Late Payment (see "3. Fai	lure to File by Due Date" on back)		<u>12.50</u> 36.50	
 Interest for Late Payment (see "3. Fai Extension Payment Fee (see "4. Extension Payment Fee (see "			0.00	
13. TOTAL AMOUNT DUE (\$50 MIN	KIMUM)		s <u>99.00</u>	(2)
(1) These amounts must be intrastate (2) Regardless of the gross operation	e only and must be verifiable (see "2. For revenue of a company, a minimum	ees" on back). n annual regulatory assessment fee of \$5	io shall be imposed as provide	ed in Section 364.336
Florida Statutes				
X Facilities-Based Carrier	CURRENT	COMPANY STATUS Call Aggregator		
Alternate-Operator Service	Rebiller	Other:		
	•	G INFORMATION		
Complete below if billing agent if other than	yourself.			
(Name)		(Address: City/State/Zip)	<u> </u>	(Telephone)
What is the total amount of customer deposit Amount: \$_0.00 for 20	s collected?	What is	s the total amount of bond held nt: \$ Expires:	
	COMPAN	Y INFORMATION		
Do you lease telecommunications' facilities? If YES, who do you lease these facilities from				
Address:				
I, the undersigned owner/officer of the is a true and correct statement. I am aware a public servant in the performance of his/her	that pursuant to Section 837.06, Flori	e foregoing and declare that to the best ida Statutes, whoever knowingly makes a of the second degree.	of my knowledge and belief a false statement in writing wit	the above information h the intent to mislead
X /	100	Fran Audia -	Secretary & CFO	04/23/08
(Signature of Company Off	ficial)	(Title)		(Date)
Alonzo Beyene of Regnum	Group, Inc.	Telephone Number (404) 961-1013	3 Fax Number (404) 961-	1893
(Preparer of Form - Please	e Print Name)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		F.E.I. No. 582543913		