

Competitive Local Exchange Company Regulatory Assessment Fee Return

RECEIVED PSC

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2008 TO 12/31/2008

Paula + Records

08 OCT 27 AM 8:49

(See Filing Instructions on Back of Form)

COMMISSION CLERK

TX448-08-0-R
 Communications Corp.
 Mansell Road, Suite A
 Roswell, GA 30076-4805
 Docket No. 080607-1X
 876 · OCT 27 2008

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
 Check # 9409
 \$ 600.00 06-03-001 003001
 \$ _____ E
 \$ _____ P 06-03-001 004011
 \$ _____ I
 Postmark Date 10-21-08
 Initials of Preparer RT

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0.00	\$ 0.00
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	0.00	0.00
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 0.00
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 0.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
13.	Extension Payment Fee (see "4. Extension" on back)		
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)		\$ 600.00 ⁽³⁾

- (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
- (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
- (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Provider
- Reseller
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

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

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 official duty shall be guilty of a misdemeanor of the second degree.

Don Aldis (Signature of Company Official) *CEO* (Title) *Sept 30, 2008* (Date)

Telephone Number () Fax Number ()

(Preparer of Form - Please Print Name)

F.E.I. No. _____

RECEIVED OCT 08 2008

DOCUMENT NUMBER-DATE
 10114 OCT 27 8
 FPSC-COMMISSION CLERK