

090193-TX

# Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

FOR PSC USE ONLY

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

TX160-08-0-R  
 ElectroNet Intermedia Consulting, Inc.  
 3411 Capital Medical Blvd.  
 Tallahassee, FL 32308-4425

DEPOSIT JUL 15 2008

Check # 13133

\$ 600.00 06-03-001 003001

\$ 150.00 P 06-03-001 004011

\$ 36.00 I

Postmark Date Wc/K In 7-10-09

Initials of Preparer LR

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

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.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	0	0
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
7.	<b>TOTAL REVENUES</b>	\$ 0	\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>		
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	\$ 0	\$ 0
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		0
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		0
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		0
13.	Extension Payment Fee (see "4. Extension " on back)		0
14.	<b>TOTAL AMOUNT DUE (\$600.00 MINIMUM)</b>		\$ 600.00 <sup>(3)</sup>

(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

COM  Facilities-Based Provider ( ) Reseller  
 ECR ( ) Other: \_\_\_\_\_

BILLING INFORMATION

GCL \_\_\_\_\_  
 OPC Complete below if billing agent is other than yourself. ( )  
 RCP \_\_\_\_\_ (Name) \_\_\_\_\_ (Address: City/State/Zip) \_\_\_\_\_ (Telephone)

COMPANY INFORMATION

SSC \_\_\_\_\_  
 SGA Do you lease telecommunications' facilities? ( ) YES ( ) NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 ADM Address: \_\_\_\_\_  
 CLC Grant

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.

[Signature] (Signature of Company Official) CEO (Title) 7/9/09 (Date)

Mistral Sutton (Preparer of Form - Please Print Name) Telephone Number ( ) Fax Number ( )

F.E.I. No. \_\_\_\_\_

RECEIVED  
 JUL 15 AM 10:18  
 COMMISSION CLERK

NUMBER - DATE  
 JUL 15 09

FPSC - COMMISSION CLERK