

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2009 TO 12/31/2009

Records Nancy

(See Filing Instructions on Back of Form)

TJ223-09-0-R *090547-TI*
 Prime Time Communications, Inc.
 P. O. Box 081276
 Racine, WI 53408-1276

DEPOSIT DATE
 09 7 4 JAN 0 5 2009

Final return

RECEIVED FOR PSC USE ONLY

Check # *77305*

\$ *700.00* 06-03-001
 AM 8:50 003001

\$ _____ E
 \$ _____ P 06-03-001
 \$ _____ I 004011

Postmark Date *12-29-05*
 Initials of Preparer *RT*

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	COM	\$ <u>819.00</u>	\$ <u>112.00</u>
2.	Access Services	APA	_____	_____
3.	Private Line Services	ECR	_____	_____
4.	Leased Facilities & Circuits Services	GCL	_____	_____
5.	Miscellaneous Services	RAD	_____	_____
6.	TOTAL Telephone Services	SSC	_____	_____
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	ADM	_____	_____
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	OPC	_____	\$ <u>112.00</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)	CLK	_____	<u>22¢</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____	<u>0</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____	<u>0</u>
12.	Extension Payment Fee (see "4. Extension" on back)		_____	<u>0</u>
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)			\$ <u>700.00</u> ⁽²⁾

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

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

What is the total amount of customer deposits collected? Amount: \$ _____ for 20 _____

What is the total amount of bond held (if applicable)? 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.

Jennifer Sorenson (Signature of Company Official) *Secretary* (Title) *12/28/09* (Date)

Jennifer Sorenson (Preparer of Form - Please Print Name) Telephone Number *262-633-6001* Fax Number *262-633-3668*

F.E.I. No. *39-1697889*

DOCUMENT NUMBER - DATE
 000148 JAN 5 2010
 PSC-COMM-FIN-CO