Interexchange Company Regulatory Assessment Fee Return

ORIGINA

0 20000

STATUS:

P. Isler
CCA
Nonnye

___ Actual Return
___ Estimated Return
___ Amended Return

Florida Public Service Commission
(See Filing Instructions of Form) **DEPOSIT** **DATE**

TJ292-01-0-R **D225** JUN 20 2002
TransNet Connect, Inc.
% Telecom Compliance Services, Inc.
1720 Windward Concourse, Suite 250
Alpharetta, GA 30005-2293

PERIOD COVERED:
01/01/2001 TO 12/31/2001

TransNet Connect, Inc.
1413 S. Howard Ave. Ste. 209
Tampa, FL 33606

ss Has Changed

FOR PSC USE ONLY
Check# 003369
$ 50.00   0603001 / 003001
$ _____ P. 0603001 / 004011
$ _____ I
Postmark Date 6/14/02
Initials of Preparer MC

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	$ ∅	$ ∅
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	**TOTAL Telephone Services**	$ ∅	$ ∅
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )	( )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	**TOTAL AMOUNT DUE**		$ ∅ $50.00

* These amounts must be <u>intrastate only</u> and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS $50

CURRENT COMPANY STATUS

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

BILLING INFORMATION

Complete below if billing agent if other than yourself.

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

What is the total amount of customer deposits collected?   What is the total amount of bond held (if applicable)?
Amount: $_____ for 19_____   Amount: $_____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities?   ( ) YES   (✓) NO
If YES, who do you lease these facilities from?   Name: _____

AU
CAF
CMP   Address: _____
COM
CTR
CR   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
C   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
P   public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.
IMS
EC   _____   CEO, President   6/11/02
TH   (Signature of Company Official)   (Title)   (Date)

Elizabeth Crews
Hong
(Preparer of Form - Please Print Name)

Telephone Number (813) 254 8726   Fax Number (813) 258 9310
F.E.I. No. 65 - 0898733

PSC/CMU-153 (Rev. 11/11/99)

DOCUMENT NUMBER-DATE

06390 JUN 20 ᵇ

FPSC-COMMISSION CLERK