Interexchange Compa	any Regulatory Assessment Fee	Return KIGINAL
STATUS:	ablic Service Commission ng Instructions on Back of Form)	FOR PSC USE ONLY Check#11/5/6
Actual Return \( \sum_{\cup \cup \cup \cup \cup \cup \cup \cup		\$ 50.00 0603001
Estimated Return VOIP Communic	ations, Inc.	\$ 12.50 P 003001
Amended Return 444 Brickell Ave	nue, Suite 335	0603001
Miami, FL 3313	1-2472 <b>DEPOSIT DATE</b>	s_2.50 1004011
PERIOD COVERED: 09/24/2001 TO 12/31/2001 CC: P. ]	D222 JUN 1 0 2002	Postmark Date 6/4/02 Initials of Preparer 2000
Please Complete B	elow If Official Mailing Address Has Changed	
	a	liami FL 3313 (City/State) (Zip)
LINE NO. ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
	GROSS OF ERATING REVEROE	INTRASTATE REVENUE
<ol> <li>Long Distance Services</li> <li>Access Services</li> </ol>	\$	\$
<ol> <li>Private Line Services</li> <li>Leased Facilities &amp; Circuits Services</li> </ol>		
5. Miscellaneous Services		
6. TOTAL Telephone Services	\$	\$
<ol> <li>LESS: Amounts Paid to Other Telecommunications Comp</li> </ol>	panies*	(3.7.1)
(see "2. Fees" on back) 8. TOTAL REVENUES For Regulatory Assessment Fee Cal	culation	(
<ol> <li>Regulatory Assessment Fee Due (Multiply Line 8 by 0.00</li> <li>Penalty for Late Payment (see "3. Failure to File by Due D</li> </ol>	15) Note" on back)	
11. Interest for Late Payment (see "3. Failure to File by Due D		1152 P. C.
<ul> <li>12. TOTAL AMOUNT DUE</li> <li>* These amounts must be <u>intrastate only</u> and must be verifiable.</li> </ul>		\$
<del></del>	, FLORIDA STATUTES, THE MINIMUM AN	NUAL FEE IS \$50
		2 193 1. 20 6to 10 1
( ) Facilities-Based Carrier ( ) Reseller	RRENT COMPANY STATUS  ( ) Call Aggregator	
( ) Alternate-Operator Service ( ) Rebiller	( ) Other:	
1	BILLING INFORMATION	,
Complete below if billing agent if other than yourself.		
(Name) What is the total amount of customer deposits collected? Amount: \$ for 19		(Telephone) total amount of bond held (if applicable)? Expires:
C	OMPANY INFORMATION	,
Do you lease telecommunications' facilities? ( ) YES ( ) NO If YES, who do you lease these facilities from? Name:		
Address:	•	
. Life		
I, the undersigned owner/officer of the above-named company, have true and correct statement. I am awake that pursuant to Section 837.06, public servant is the performance of his/her duty shall be guilty of a mis	riorida Maillies, whoever knowingly makes a talse state	owledge and belief the above information is a ment in writing with the intent to mislead a
COM_S   XX	CIO	5/29/02
CR (Signature of Company Official)	(Title)	
3CL TOROLO HILDONSON	Telephone Number 2015 358 -77	10 Fax Number 805 371-6810
OPC (Preparer of Form Please Print Name) MMS	F.E.I. No. (25 - 105	SOBJHENT NUMBER-DATE
SERSC/CMU <sub>153</sub> (Rev. 11/11/99)	r.E.I. No	
OTH		U 5992 JUNIO B

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2002