

Records
STAR POWER
The line of communication

ORIGINAL

RECEIVED-TPSC

DEPOSIT DATE

478 JUL 12 2004

JUL -9 AM 8:55

COMMISSION CLERK

07/06/2004

Blanca S. Bayo
Director, Division of Public Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

040711-77

RE: Starpower Communications, LLC - Docket No. 980554-TI, Order No. PSC-98-1016-FOF-TI
Request for Cancellation of Certificate of Public Convenience and Necessity "CPCN"
(Certificate No. 5684)

Dear Ms. Bayo:

Due to the significant changes in the telecommunications marketplace, Starpower made a change in the company's overall strategy to focus activities in its facility-based areas. As a part of our continuing effort to make the Company's network more efficient, Starpower has made a business decision not to begin providing Interexchange Long Distance services in the state of Florida.

Starpower currently has no Interexchange Long Distance customers in Florida.

Starpower respectfully submits an original and six (6) copies of this letter to request cancellation of its Interexchange CPCN Certificate No. 5684. With this request, Starpower is also including its 2003 and 2004 Regulatory Assessment Fee Return and a check for the appropriate fees due.

Acknowledgment and date of receipt of this letter is requested. Kindly return the duplicate copy of the letter in the enclosed, self-addressed stamped envelope.

CMP ___ If you require further information or have any questions, please contact me at (609) 734-4533.

COM ___ Thank you

CTR ___
ECR ___
GCL ___
OPC ___
VMS ___
RCA ___
SCR ___
SEC 1
JTH ___

Trudy M. Longnecker
Trudy M. Longnecker
Tariff and Compliance Manager

Attachments

DOCUMENT NUMBER-DATE

07460 JUL -9 8

FPSC-COMMISSION CLERK

Interexchange Company Regulatory Assessment Fee Return

Total \$ 115.50

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2004 TO 12/31/2004

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TJ120-04-0-R
Starpower Communications, L.L.C.
10000 Derekwood Lane
Lanham, MD 20706-4347

DATE
478 JUL 12 2004

FOR PFC USE ONLY

Check# 41705

50.00 0603001
003001

\$ _____ P 0603001
004011

\$ _____ I

Postmark Date 7-7-04
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	\$ 0	\$ 0
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		50.00
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

* These amounts must be intrastate only 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? Amount: \$ _____ for 19 _____

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.

Joseph O. [Signature] Director of Regulatory Affairs 7/2/2004
(Signature of Company Official) (Title) (Date)

Trudy M. Longnecker Preparer of Form - Please Print Name
Telephone Number 609-734-4533 Fax Number 609-734-6167
F.E.I. No. 52-2061905

Interexchange Company Regulatory Assessment Fee Return

TOTAL 4715.50

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2003 TO 12/31/2003

TJ120-03-0-R
Starpower Communications, L.L.C.
 10000 Dereckwood Lane
 Lanham, MD 20706-4347
DEPOSIT DATE
 478 JUL 12 2004

FOR PSC USE ONLY
 Check# 41465
 \$ 50.00 0603001
 \$ 12.50 P 003001
 \$ 300 I 0603001
 004011
 Postmark Date 7-7-04
 Initials of Preparer PT

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	\$ <u>0</u>	\$ <u>0</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ <u>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(<u>0</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	(<u>50.00</u>)
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	_____	\$ <u>65.50</u>

* These amounts must be intrastate only 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
- Alternate-Operator Service
- Rebiller
- Call Aggregator
- Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

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

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 Amount: \$ _____ for 19 _____

What is the total amount of bond held (if applicable)?
 Amount: \$ _____ Expires: _____

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Address: _____

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Trudy M. Longnecker
 Signature of Company Official
 Trudy M. Longnecker
 (Preparer of Form - Please Print Name)

Director of Regulatory Affairs
 (Title)
 7/2/2004
 (Date)
 Telephone Number (609) 734-4533 Fax Number (609) 734-6167
 F.E.I. No. 52-2061905