

080233

J. Clayton Cheshire | 1180 West Peachtree Street NW, Atlantic Center Plaza, Suite 900
P: (404)586-6604 | Atlanta, Georgia 30309-3479
E: ccheshire@hbss.net | P: (404) 954-5000 F: (404) 954-5020 W: www.hbss.net

RECEIVED-FPSC
8 APR 23 PM 2:33
COMMISSION CLERK

April 22, 2008

Via FedEx Priority Overnight Airbill No. 797001175742

Ms. Ann Cole, Commission Clerk
Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Check received by Fiscal and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check

08 APR 23 PM 3:20

Re: Georgia Public Web, Inc. (TJ587 and TX618)

Dear Ms. Cole:

My law firm represents Georgia Public Web, Inc. ("GPW"), an entity regulated by the Florida Public Service Commission. I have enclosed the following items, and request that you file and/or distribute them as appropriate:

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC _____
- OTH _____

1. Completed IXC Registration Form for GPW;
2. GPW's Interexchange Telecommunications Services Tariff (accompanies GPW's IXC Registration Form);
3. Interexchange Company Regulatory Assessment Fee Return for GPW for the period January 1, 2007 through September 14, 2007;
4. Check in the amount of \$1,344.00 for payment of GPW's 2007 Interexchange Company Regulatory Assessment Fee, plus penalty and interest and fine associated with late filing;
5. GPW's Competitive Local Exchange Company Regulatory Assessment Fee Return for the period January 1, 2007 through December 31, 2007; and
6. Check in the amount of \$708.00 for GPW's 2007 Competitive Local Exchange Company Regulatory Assessment Fee, plus penalty and interest.

DOCUMENT NUMBER-DATE

03312 APR 23 08

FPSC-COMMISSION CLERK

I have spoken with both Paula Isler and Toni McCoy to ensure that I have submitted the appropriate materials to: (1) apply for a new IXC certificate on behalf of GPW and (2) achieve

HALL BOOTH SMITH & SLOVER, P.C.

Ms. Ann Cole, Commission Clerk
Florida Public Service Commission
April 22, 2008

GPW's compliance with the Florida Public Service Commission's Regulatory Assessment Fee requirements for all regulated entities.

I appreciate your assistance. Please contact me if you have any questions whatsoever.

With kindest regards, I am,

HALL BOOTH SMITH & SLOVER, P.C.

J. Clayton Cheshire

JCC/mn
Enclosures

cc: Robert J. Middleton, Jr.

IXC REGISTRATION FORM

Company Name Georgia Public Web, Inc.

Florida Secretary of State Registration No. 582547104

Fictitious Name(s) as filed at Fla. Sec. of State N/A

Company Mailing Name Georgia Public Web, Inc.

Mailing Address c/o J. Clayton Cheshire, Hall Booth Smith & Slover, P.C., 1180 West Peachtree Street, NW, Suite 900 Atlanta, Georgia 30309

Web Address www.gapublicweb.net

E-mail Address ccheshire@hbss.net

Physical Address 1470 Riveredge Parkway, Atlanta, Georgia 30342

Company Liaison J. Clayton Cheshire

Title Legal Counsel

Phone (404) 579-7084

Fax (404) 954-5020

E-mail address ccheshire@hbss.net

Consumer Liaison to PSC J. Clayton Cheshire

Title Legal Counsel

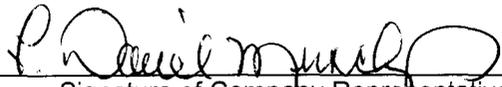
Address Hall Booth Smith & Slover, P.C., 1180 West Peachtree Street, NW, Suite 900 Atlanta, Georgia 30309

Phone (404) 586-6604

Fax (404) 954-5020

E-mail address ccheshire@hbss.net

My company's tariff as required in Section 364.04, Florida Statutes, is enclosed with this form. I understand that my company must notify the Commission of any changes to the above information pursuant to Section 364.02, Florida Statutes. My company will owe Regulatory Assessment Fees for each year or partial year my registration is active pursuant to Section 364.336, Florida Statutes. My company will comply with Section 364.603, Florida Statutes, concerning carrier selection requirements, and Section 364.604, Florida Statutes, concerning billing practices.


Signature of Company Representative

F. David Muschamp, President & CEO

Printed/Typed Name of Representative

APR 21 2008

Date

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2007 TO 09/14/2007

TJ587-07-0-R
Georgia Public Web, Inc.
2417 Westgate Drive
Albany, GA 31707-2225

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # _____

\$ _____ 06-03-001
003001

\$ _____ E

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

(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	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(0)	(0)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		0
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		\$ 105.00
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		\$ 21.00
12.	Extension Payment Fee (see "4. Extension" on back)		
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$ 826.00 ⁽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
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- 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: _____

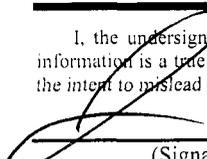
COMPANY INFORMATION

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.



 (Signature of Company Official)

Legal Counsel

 (Title)

Telephone Number 404 586-6604 Fax Number 404 954-5020

J. Clayton Cheshire

 (Preparer of Form - Please Print Name)

4/17/2008

 (Date)

F.E.I. No. 58-2547104

FLORIDA PUBLIC SERVICE COMMISSION

Instructions For Filing Regulatory Assessment Fee Return
(Interexchange Company)

1. **WHEN TO FILE:** For companies which owed a total of **\$10,000 or more** of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment is required twice a year and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, **and**
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of **less than \$10,000** of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0020 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount in Line 7.

On Line 7, deduct any amounts paid to a telecommunications company for the use of any telecommunications network to provide service to its customers. ***Do not deduct*** any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 10). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 11). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or remove the company from the list of companies registered to provide service. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Regulatory Assessment Fee Extension Request* form (PSC/ADM 124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due (Line 12):

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Markets and Enforcement at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

CLEC

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2007 TO 12/31/2007

TX618-07-0-R
 Georgia Public Web, Inc.
 2417 Westgate Drive
 Albany, GA 31707-2225

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY			
Check #	_____		
\$ _____		06-03-001	
			003001
\$ _____	E		
\$ _____	P	06-03-001	
			004011
\$ _____	I		
Postmark Date	_____		
Initials of Preparer	_____		

 (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) ⁽¹⁾	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.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		0
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 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)		\$ 90.00
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		\$ 18.00
13.	Extension Payment Fee (see "4. Extension " on back)		
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)		\$ 708.00 ⁽³⁾

(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
 Facilities-Based Provider Reseller
 Other: _____

BILLING INFORMATION
 Complete below if billing agent is other than yourself.
 _____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)

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 official duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official) Legal Counsel (Title) 4/17/2008 (Date)
J. Clayton Cheshire
 (Preparer of Form - Please Print Name) Telephone Number 404 586-6604 Fax Number 404 954-5020

F.E.I. No. 58-2547104

FLORIDA PUBLIC SERVICE COMMISSION

Instructions For Filing Regulatory Assessment Fee Return
(Competitive Local Exchange Company)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return is required twice a year and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, **and**
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, when July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee Return may be filed or postmarked on the next business day, without penalty or interest.

2. **FEES:** Each company shall pay 0.0020 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts.

On Line 8, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. **Do not deduct** any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 11). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 12). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Regulatory Assessment Fee Extension Request* form (PSC/ADM 124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due (Line 13):

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** If you are unable to use the enclosed envelope, please address your remittance as follows:

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Markets and Enforcement at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.