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APITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

COMMISSION

-M-E-M-O-R-A-N-D-U-M-

DATE:

August 25, 2008

TO:

Ann Cole, Commission Clerk - PSC, Office of Commission Clerk

FROM:

Paula Isler, Research Assistant, Division of Regulatory Compliance

RE:

Docket No. 080389-TC - Compliance investigation of IXC Registration No. TJ944, issued to DigitGlobal Communications, Inc., for apparent first-time violation of

Section 364.336, F.S., and Rule 25-4.0161, F.A.C., Regulatory Assessment Fees;

Telecommunications Companies.

Attached is a copy of this company's 2007 RAF return showing payment was postmarked July 29, 2008. Please document proof of payment in Case Management System in Docket No. 080389-TC. Thanks.

cc: Office of the General Counsel (McKay)
Attachment

DOCUMENT NUMBER - DATE

07683 AUG 258

FPSC-COMMISSION CLERK

## TO AVOID PENALTY AND INTEREST CHARGES. THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2008 Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

FOR PSC USE ONLY

0638

| STATUS: Actual Return    |   | (See Filing Instructions on Back of Form)  TJ944-07-0-R |  |   | Check #  | Check # <u>0638</u><br>s 700,06 06-03-001 |               |  |
|--------------------------|---|---|--|---|--|---|---------------|--|
|                          |   |   |  |   | <b>1</b>                                       |   |               |  |
| —<br>Esti                | mated Return  | DigitGlobal Communications, Inc.                        |  |   |  | 003001<br>sE                              |               |  |
|                          | ended Return  | 80-02 Kew Gar   | s  |   |  |   |               |  |
|                          |   |   | NY 11415-3607  |   |  | D   | 06-03-001     |  |
| PERIOD COVERED:          |   |   | LEPGEN MAL   |   | 004011   |   |               |  |
| 01/01/2007 TO 12/31/2007 |   | }   | A STATE OF THE STA |   |  | \$ I                                      |               |  |
|                          |   | 1   | 86 <sub>0</sub> . AUG 05:  | 2003                                    |  | <b>.</b> .                                |               |  |
|                          |   |   | - O MOG - O  | £40,)                                   |  | ե <u> 7-29-</u>                           | 08            |  |
|                          |   | Please Complete B                                       | elow If Official Mailing A   | ddrass Use (                            | Initials of Pre                                | :parer                                    | <u>rer</u>    |  |
|                          |   | r lease Complete D                                      | eiow it Official strining A  | naless 1192 (                           |  | ·   |               |  |
|                          |   |   |  |   | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -        | <u></u> .                                 |               |  |
| <del></del>              | (Name of Company)   |   | (Address)  | · - · · · · · · · · · · · · · · · · · · | (City/State)                                   |   | (Zip)         |  |
|                          |   |   |  | _                                       | SI ODID A COOCC                                |   |               |  |
| LINE<br>NO.              | ACCO:   | UNT CLASSIFICATION                                      |  | C                                       | FLORIDA GROSS PERATING REVENUE                 | INTRASTATE                                | REVENUE       |  |
| 1.                       | Long Distance Services  | <u> </u>  |  | \$                                      | 7.450.36 s                                     | B   |               |  |
| 2.                       | Access Services   |   |  |   |  | -   |               |  |
| 3.                       | Private Line Services   |   | •  | _                                       |  | #   |               |  |
| 4.<br>5.                 | Leased Facilities & Circu<br>Miscellaneous Services             | its Services  |  | _                                       |  |   |               |  |
|                          | *   |   | •  |   | 7.450.36 s                                     |   |               |  |
| 6.                       |   |   |  |   |  |   |               |  |
| 7.                       | LESS: Amounts Paid to Telecommunications Companies(1)           |   |  |   |  |   |               |  |
| 8.                       | TOTAL REVENUES For Regulatory Assessment Fee Calculation \$     |   |  |   |  |   |               |  |
| 9.                       | Regulatory Assessment F   | ee Due (Multiply Line 8 b                               | y 0.0020)  |   |  | 4   |               |  |
| 10.                      | Penalty for Late Payment  | (see "3. Failure to File by                             | Due Date" on-back)   |   | •  | +1  |               |  |
| 11.                      |   | (see "3. Failure to File by                             | ,  |   | •  | #   |               |  |
| 12.                      | Extension Payment Fee (s  | see "4. Extension" on back                              | i) / u •   | 1                                       | •  | _ <del></del>                             |               |  |
| 13.                      | TOTAL AMOUNT DU   | E (\$700.00 MINIMUM)                                    | (4(200))   | /                                       | <b>.</b>                                       | -6  | (2)           |  |
|                          | (1) These emousts report  | ha interretate aulicand mus                             | t be verifiable (see 2. Fees   | an books                                |  |   |               |  |
|                          | (2) Regardless of the gro                                       | es operating revenue of a                               | company, a minimum annu  | al regulatory                           | assessment fee of \$700 shall be               | imposed as prov                           | vided in      |  |
|                          | Section 364.336, Flo  | rida Statutes.  |  |   |  |   |               |  |
| _                        |   |   | CURRENT COMPANY  | STATUS                                  |  |   |               |  |
| ( Facili                 | ities Based Carrier   | ( ) Res   |  |   | Aggregator                                     |   |               |  |
|                          | nate-Operator Service   | ( ) Reb   |  | ( ) Othe                                |  |   |               |  |
|                          |   |   | PH LINC INCOMA   | TION                                    |  |   |               |  |
| Complete                 | below if billing agent is other                                 | r than yourself   | BILLING INFORMA  | 11014                                   |  |   |               |  |
|                          | 9-3-11-15   |   |  |   | ( )  |   |               |  |
| SIZhant in Alt           | (Name)  |   | (Address: Cit  | y/State/Zip)                            | (Telepho                                       | ,   | -1-1-00       |  |
| Amount                   | e total amount of customer de<br>: \$ for 1                     |   |  |   | What is the total amount of bor<br>Amount: \$  |   |               |  |
|                          |   |   |  |   |  |   |               |  |
|                          |   |   | COMPANY INFORMA  | ATION                                   |  |   |               |  |
|                          | ise telecommunications' faci<br>ho do you lease these facilitie |   | UNO  |   |  |   |               |  |
| Address:                 |   |   |  |   | - MITTER 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |   |               |  |
|                          |   |   |  |   |  |   |               |  |
| l, the                   | undersigned owner/officer                                       | of the above-named com                                  | pany, have read the forego   | oing and dec                            | lare that to the best of my kno                | wledge and bel                            | ief the above |  |
| informatio               | n is a true and correct staten                                  | nent. I am aware that pur                               | suant to Section 837.06, Flo   | orida Statutes                          | s, whoever knowingly makes a f                 |   |               |  |
| tne intent t             | to mislead a public servant in                                  | the performance of his/he                               | r duty shall be guilty of a n  | iisdemeanor (                           | of the second degree.                          |   | 1.6           |  |
|                          | 1 gene 11 9   |   | 1/1C8 - PI   | US11161                                 |  | 07/28                                     | 100           |  |
| n/                       | (Signature of Compan  | y Official)   | • /  | (Title)                                 | all com  | / (Di                                     | ite)          |  |
| (MA                      | K H. LIR  | 1ANU  | Telephone Number   | (118)                                   | <i>166 95</i> ) Fax Number                     | er <u>(HB) W</u>                          | 10545         |  |
| - / (F                   | Preparer of Form - Pleas  | e Print Name)   | BRIM. 14   | - 160                                   | 1603   |   | <del>_</del>  |  |
|                          |   |   | F.E.I. No  | 1031                                    | 407  |   | <del></del>   |  |
| PSC/CMI                  | P 153 (Rev. 04/07)  |   | C:\DOCUM   | (E~1\dbrown)                            | \LOCALS~1\Temp\foxmerge47                      | 363615\xxmeree                            | eformxx.doc   |  |