Interexchange Company Regulatory Assessment Fee Return

STATUS:	Florida Public So			D-FPS(FOR PSC US	
Amonded Deturn	See Filing Instruc			AM 8: 2	s 7∞.00	
PERIOD COVERED	ok America, Inc. O. Box 414629 ami Beach, FL 33141 Please Complete Below If Officia		COMMI CLE 7 . NOV US 209 dress Has Changed	RK	s 13 8.00 p 175.00 p s 63.00 p	06-03-001 004011
(Name of Company) (Ad		ldress)		(Cit	y/State)	(Zip)
LINE NO. ACCOUNT	CLASSIFICATION		FLORIDA GROS OPERATING REVE	SS	INTRASTATE I	REVENLIE
 Long Distance Services Access Services Private Line Services 		\$ _	1,635,589.30		- -	2,817.55
 Leased Facilities & Circuits Services Miscellaneous Services 		<u>-</u>	0.00			0.00
6. TOTAL Telephone Services		\$	1,635,589.36	_	4	2,817.55
 LESS: Amounts Paid to Telecommunications Companies (1) TOTAL REVENUES For Regulatory Assessment Fee Calculation 				_) ()
9. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020) 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. Extension Payment Fee (see "4. Extension" on back)				\$	4	85.64 175.00 63.00
13. TOTAL AMOUNT DUE (\$700.00 MINIMUM)				\$		938.00
(1) These amounts must be intrasta (2) Regardless of the gross operatin Section 364.336, Florida Statute	te only and must be verifiable (see "g revenue of a company, a minimunes.	2. Fees" on n annual reg	back) ulatory assessment fee o	of \$700 shall be	imposed as provided	in
	CURRENT C	OMPANY	STATUS			
() Facilities-Based Carrier () Alternate-Operator Service	(x) Reseller () Rebiller		() Call Aggregator () Other:			
Complete below if billing agent if other than	BILLING I	NFORM	ATION			<u> </u>
(Name) What is the total amount of customer deposits collected? Amount: \$ for 2007					(Telepount of bond held (if a	
Do you lease telecommunications' facilities? If YES, who do you lease facilities from:	Name:					
Address:						
I, the undersigned owner/officer of a formation is a true and correct statement. I are a true and correct is a true and correct is a true and correct in the performance of the correct in the correct i	the above-named company, have rea n aware that pursuant to Section 83 nance of his/her duty shall be guilty	7.06. Florid:	Statutes, whoever know	vingly makes a	nowledge and belief, false statement in wri	the above ting with the
fore tade		President			10	1-16-08
(Signature of Company Official)			(Title)			(Date)
(Preparer of Form-Pleasor)	UMBER-DATE	Telephone F.E.I.No.	Number: <u>305-993</u> 41-0203975	-6700 Fax	Number 305-993	-6701
PSC/CMP-153 (Rev. 04/07)	0373 NOV-48	1 .12,1.190,		rorue	D 007 2 / 20	00

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