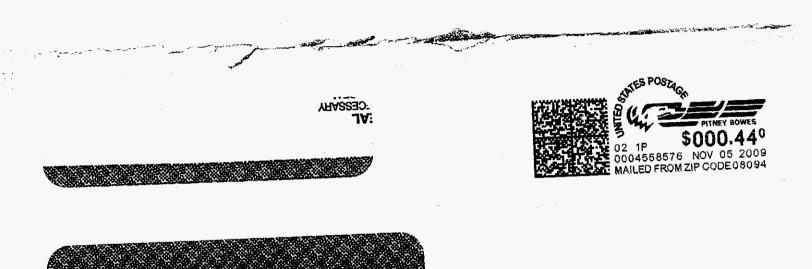
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COUNTY COUNTY

/ /OID PE		S, THE REGULATORY ASSESSMENT FEE RETURN MUST BE			
	Intere	xchange Company Regulato	•	104AL # 150	6.00 0
TATUS	2.	Florida Public Service Co	mmission	FOR PSC USE ONI	LYOU TO
		(See Filing Instructions on Back of I	orm)	Check # 980	<u> </u>
	ual Return	TJ798-09-0-R	040479-TP	s 100-00 9	<u></u>
	mated Return ended Return	Broadstar Communications, LLC 1809 North Black Horse Pike, Su	ite B-3	\$E	25,003000 9.
		Williamstown, NJ 08094-9141		s p	76-8401 VS
ERIOI	O COVERED:	The said of the said	see	·	004011
1/01/20	DEPOSIT DATE	1		\$ I	
RAD	ms	<u> 957 3EP 2809-</u>	X793	1 , 1)	401
Ne	Baranay	DEPOSIT	DATE	Postmark Date	07
	2 2 2 MOL 19-5	Please Complete Below If Official Mailing A	ddress Has Changed	Initials of Preparer	
		D 9 6 8 NOV	0.2 0000		
	(Name of Company)	(Address)	2 3 2009	(Cia./64)	(7:)
	(rume of company)	(Address)		(City/State)	(Zip)
LINE			FLORIDA GR	OSS	<u></u>
NO.		JNT CLASSIFICATION	OPERATING REV		EVENUE
1. 2.	Long Distance Services Access Services	•	\$ 6,90	<u>7</u> \$24	, •
3.	Private Line Services				
4.	Leased Facilities & Circui	ts Services			
5.	Miscellaneous Services	- Or			······
6.	TOTAL Telephone Serv	ices 2	\$	s 2	-
7.	LESS: Amounts Paid to T	elecommunications Companies(1)	v (C0	M	··············
8.	•	ts Services lices elecommunications Companies(1) r Regulatory Assessment Fee Calculation the Due (Multiply Line 8 by 0.0020) (see "3. Failure to File by Due Date" on back)	AP	A	· -
9.		Togathory / Essessimilar 1 to Calculation	EC		<u>"</u>
10.		te Due (Multiply Line 8 by 0.0020) (see "3. Failure to File by Due Date" on back)	Se GC	.L	
11.		(see "3. Failure to File by Due Date" on back)	JS ODA	D	
12.	Extension Payment Fee (s	ee "4. Extension" on back)	COS GC		
13.	TOTAL AMOUNT DUE	(\$700.00 MINIMUM)	130/09 SS		(2)
	(1) These amounts must b	e intrastate only and must be verifiable (see "2. Fees	AD	***************************************	
	(2) Regardless of the gros	is operating revenue of a company, a minimum ann	al regulatory assessment fee	\$700 shall be imposed as prov	ided in
	Section 364.336, Flor	ida Statutes.		K Norwal	
-		OURDENIE COMPANY	COT A TELIC		
) Escilit	ies-Based Carrier	CURRENT COMPANY () Reseller			
	ate-Operator Service	() Reseller	() Call Aggregator (x) Other: C L o :	5 ට	
	1 (6139)	BILLING INFORMA	TION		
	pelow if billing agent is other	Harros Park Wallin	aford CT 06492	. (800) 360 - 1910	,
	(Name)	(Address: C	ty/State/Zip)	(Telephone)	"
	total amount of customer de \$ for 2		What is the tota	amount of bond held (if applica	able)?
	101 2	×	Amount. 3	Expires:	
		COMPANY INFORM	ATION		
	se telecommunications' facili				
	o do you lease these facilities	s from? Name:			<u></u>
ddress:					ef the above writing with
₹ ±1	undersioned /.or.	Cabo alamana di Maria			
formation	unuersigned owner/officer on is a true and correct statem	f the above-named company, have read the foregent. I am aware that pursuant to Section 837.06, F	oing and declare that to the lorida Statutes, whoever know	best of my knowledge and beli ingly makes a fake statement in	writing with
e intent to	mislead a public servant in	the performance of his/her duty shall be guilty of a	nisdemeanor of the second deg	gree.	- i
2		13- Membe	_	· nlal	a oo a
	(Signature of Company		(Title)	(Da	
	•	·	` '	`	
	Greg Fath reparer of Form - Please	Telephone Number	(850) 270-630D	Fax Number ()	<u> </u>
(11)	coparer of Politi * Ficase	F.E.I. No. 3	6.4449833		

E		
P 06-03-001	٠	
004011 I		
nark Date		
State) (Zip)		
NATO A CITA OF DELIENTIE		
INTRASTATE REVENUE		
54-		
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\$ <u> 78 *</u>		
		
s <u>600 = (3)</u>		
shall be imposed as provided in		
(800) 360-1910	60	Ë
(Telephone)	2	است چيک د د
17. 17. 18.		Č,
#	0	10
	52	Ę
my knowledge and belief the above nakes a false statement in writing with		FPSC-C
11 4 04 (Date)		
Number ()		

Competitive L	ocal Exchange Company	Regulatory Assessr	ment Fee Retu	300.00
TATUS:	Florida Public Service (FOR PSC US	E ONLY
Actual Return Estimated Return Amended Return	(See Filing Instructions on Back of Form) TX793-09-0-R Broadstar Communications, LLC 1809 North Black Horse Pike, Suite B-3 Williamstown, NJ 08094-9141		\$ 6-03-001 \$ 003001 \$ P 06-03-001	
ERIOD COVERED: 1/01/2009 TO 12/31/2009 Depos Date D 9 6 8 NOV 2 3 20	DEPOSIT DATE By 9 6 3 NOV 1 8 2009 Please Complete Below If Official Mailing	SCE 1778 1g Address Has Changed	\$Postmark Date	004011 I 05-09 RT
(Name of Company)	(Address)		(City/State)	(Zip)
9. NET INTRASTATE OP. 10. Regulatory Assessment Fe 11. Penalty for Late Payment 12. Interest for Late Payment 13. Extension Payment Fee (so 14. TOTAL AMOUNT DUE (1) Other long distance re (2) These amounts must be	ther Telecommunications Companies ⁽²⁾ ERATING REVENUE for Regulatory Assessment of Due (Multiply Line 9 by 0.0020) (see "3. Failure to File by Due Date" on back) (see "4. Extension " on back) (*** (\$600.00 MINIMUM) Evenue must be listed on the Interexchange Regulation in the Interest of the second interest of the	nem Fee Calculation Line 7 less L	s	78 - 78 - 78 -
) Facilities-Based Provider	CURRENT COMPA () Reseller (×) Other:			
omplete below if billing agent is other Profites, Inc. (Name)	1 Barnos Park Wal	MATION Ningford CT 0649 S: City/State/Zip)	2 (800) 3 60 - (Telephone)	<u> </u>
o you lease telecommunications' facilities YES, who do you lease these facilities ddress:		RMATION		20 0 20 0 20 0 20 0 20 0
formation is a true and correct stateme	f the above-named company, have read the forent. I am aware that pursuant to Section 837.06 the performance of his official duty shall be guil	6, Florida Statutes, whoever know	ingly makes a false stater	
(Signature of Company	Official) Telephone Num	(Title)	Fax Number ()	(Date)
(Preparer of Form - Please	e Print Name) F.E.I. No	36-4449833		



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