| | ST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE F Local Telephone Service Provider Regulatory Assessment Fee Return | rn / | 1 |
|-----------------------------|---|----------------------|-------------|
| FILED MAR 13, 2015 | | NON - pe | |
| DOCUMENT NO. 01412-15 | Tionda Tuone Service Commission | FOR PSC USE | ONLY |
| PSC - COMMISSION CLE | | Check # | |
| STATUS: | (See Filing Instructions on Back of Form) | | |
| ✓ Actual Return | TX164-14-T-O-R | \$ | 06-03-001 |
| Estimated Return | FLATEL, Inc. | | 003001 |
| Amended Return | Executive Center, Suite 100 | \$ | E |
| | 2300 Palm Beach Lakes Blvd. 10:01 WV 11 WW SL | \$ | P 06-03-001 |
| PERIOD COVERED: | West Palm Beach, FL 33409-3307 | 2 | 004011 |
| 1/1/2014 TO 12/31/2014 | | \$ | I |
| | BECEIVED | | |
| O D D D D D D D P P | | Postmark Date 3- | -9-15 |
| CCANNEU | | Initials of Preparer | vm |
| 20WIAIA | Please Complete Below If Official Mailing Address Has Changed | | |

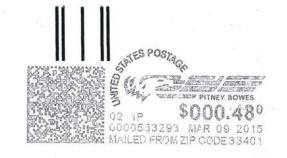
| _ | (Name of Company) | (Address) | (City/State) | (Zip) | | |
|-------------|---|---|---------------------------------------|-----------------------|--|--|
| LINE NO. | | | TOTAL ORIDA GROSS ATING REVENUE | INTRASTATE REVENUE | | |
| 1. | Local Service Revenues | s_21 | 1257.81 s. | | | |
| 2. | Network Access Revenues | | , | | | |
| 3. | Long Distance Network Services Revenue | ies | | | | |
| 4. | Miscellaneous Revenues | | | | | |
| 5. | TOTAL REVENUES | \$ | \$ | | | |
| 6. | LESS: Amounts Paid to Other Telecomm | nunications Companies ⁽¹⁾ | 3 | | | |
| 7. | NET INTRASTATE OPERATING REVE | NUE for Regulatory Assessment Fee Calculation | on (Line 5 less Line 6) | | | |
| 8. | Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾ | | | | | |
| 9. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | | | | | |
| 10. | Interest for Late Payment (see "3. Failur | e to File by Due Date" on back) | () | l | | |
| 11. | Extension Payment Fee (see "4. Extension | on " on back) | x VESS | 1: 1: | | |
| 12. | TOTAL AMOUNT DUE (Add lines 8 | through 11) | US CV S | 0 | | |

(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 \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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. N

| second degree. | | |
|--|-----------------------------|-----------------------|
| Adolar | CFD | 12-29-14 |
| (Signature of Company Official) | (Title) | (Date) |
| Adriana Solar | Telephone Number 5016882525 | Fax Number 10 0867334 |
| (Preparer of Form - Please Print Name) | | AN AN IN |
| | F.E.I. No. 65078882 | 1 5 6 0 |
| | | A A |
| | | CN D |
| PSC/TEL 159 (12/11) | | |
| Rule 25-4.0161, F.A.C. | | v × |
| | | S |
| | | 1 |



TSTRIBUTION CENTER 15 MAR 11 AM 7:12

> ATTN: FISCAL FLORIDA PUBLIC SERVICE COMMISSION 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0876

> > հոհահեսիներինություններիներիների