

971665-TI

626 W. Commonwealth Ave. Fullerton, California 92632 U.S.A.

Telephone: 1, 800, 701, 2107 Telefax: 1, 800, 770, 7017

Cancellation of certificate issued by State of Florida.

Dec. 20, 1997

Please cancel certificate of Business Telephone Network inc. 1 have enclosed \$ 50.00 minimum charge

Sincerely,

Rouse waen

Robert C Walker

President

RECEIVED

MEC 2 4 1997

CMU

DOCUMENT NUMBER - DATE

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FPSC-RECORDS/REPORTING

TO AVOID PEN/1TY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/1998 Interexchang Company Regulatory Assessmen Fee Return FOR PSC USE ONLY Florida Public Service Commission Checks 2005 STATUS: Cies Filles Instructions on Back of Form) 50.00 0603001 TI365 P173 996 532 Actual Return 003001 Estimated Return Business Telephone Network, Inc. 626 West Commonwealth Street 0603001 004011 Fullerton, CA 92832)SIT DATE PERIOD COVERED: D678 - DEC 26 1997 01/01/1997 TO 12/31/1997 Please Complete Below If Address Has Changed (City/State) (Zip) (Address) (Name of Company) INTRASTATE REVENUE GROSS OPERATING REVENUE LINE NO. ACCOUNT CLASSIFICATION Long Distance Services 1 Access Services Private Line Services Leased Facilities & Circuits Services Miscellaneous Services **TOTAL Telephone Services** LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing) TOTAL REVENUES For Regulatory Assessment Fee Calculation 8. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) 9. 10. Penalty for Late Payment 11. Interest for Late Payment TOTAL AMOUNT DUE 12. *Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company. AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 CURRENT COMPANY STATUS () Call Aggregator) Facilities-Based Carrier Reseller () Other:) Rebiller () Alternate-Operator Service BILLING INFORMATION Complete below if billing agent if other than yourself. (Address: City/State/Zip) (Name) (Telephone) Brende Hawkins What is the total amount of bond held (if applicable)? What is the total amount of customer deposits collected?

Amount: \$ Nonc for By Ex. Amount: \$ A PACE Expires: COMPANY INFORMATION DELNO Do you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name: ANGELLATION AUCLOSED 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 misle of a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree. (Signature of Company Official) Telephone Number 1714) 879 4082 F.E.I. No. _ 23 03/ 9348