For 1995,96,97+98

COMPETITIVE SERVICES 12.00 -

01000-PU 4/23/01 postmark

**VIA US MAIL** 

2540 Shumark Oak Blvd. Tallahassee, FL 32399-0850

Paula Isler

April 18, 2001

Re:

Company Code TI339

Florida State Public Service Commission

DEPOSIT

DATE

Dear Ms: Isler:

D 0 66 - MAY 0 9 2001

Thank you for your facsimile dated April 2, 2001 regarding the Florida Public Service Commission (Florida PSC) license of Hemisphere Telephone Services, Company Code Tl339 (the "Company").

Enclosed please find the following:

1) Check for \$221 payable to the Florida PSC. This payment covers the following P&I and RAF charges:

1995 P&I	\$21
1996 P&I	\$15
1997 P&I	\$3
1998 P&I	\$3
1999 P&I, RAF	\$70
2000 P&I, RAF	\$59
2001 RAF	\$50

2) Interexchange Company Regulatory Assessment Fee Return for 1999, 2000 and 2001.

We understand that the Florida PSC license of the Company was cancelled effective on January 23, 2001, and that the foregoing payment of \$221 and RAF returns fulfill all of the outstanding obligations of the Company with respect to the Florida PSC.

If this is incorrect, or if you have any questions or comments regarding the enclosed, please contact Nader Mousavi or Robert Chow at telephone (978) 323-3300, or by facsimile at (978) 323-3500.

Best regards,

Docket No. 001226-T1

DOCUMENT NUMBER-DATE

05818 MAY-85

FPSC-RECORDS/REPORTING

RGO SEC OTH



## void penalty and interest charges, the regulatory assessment fee return must be filed on or before 01/31/2000 Interexchange Company Regulatory Assessment Fee Return

2	Florida Pu	blic Service Commission	FOR PSC USE ONLY
STATUS:	•	(ling Instructions on Back of Form)	Check# 10 70 7
Actual Return	T1339		s 50.00 0603001
Estimated Return	Hemisphere Telephe	one Services	. 12.50 003001
Amended Return	200 North Andrews		P 0603001
	Ft. Lauderdale, FL		004011
PERIOD COVERED:	3		14 1k2
01/01/1999 TO 12/31/19	D066 +-	MAY 09 2001	Postmark Date 1/03/01 postmar/ Initials of Preparer MC
		If Official Mailing Address Has Changed	
misphere Investments	Inc. 900 CHELL	ASFORD ST TOWER THREE	LOWELL, MA 01851
ent company to Technology Cont	rol Services, Successor to H	emisoner-Telephore Sources FLOOR	(City/Stato) (Zip)
· · · · · · · · · · · · · · · · · ·		FLORIDA	
LINE NO. ACCOUNT C	LASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1. Long Distance Services		\$O	\$
Access Services     Private Line Services		<u> </u>	
4. Leased Facilities & Circ	iits Services		
5. Miscellaneous Services			
6. TOTAL Telephone Ser		s <u>o</u>	so
7. LESS: Amounts Paid to (see "2. Fees" on back)	Other Telecommunications Compan	(O)	( 0 )
8. TOTAL REVENUES Fo	r Regulatory Assessment Fee Calcu		
	Fee Due (Multiply Line 8 by 0.0015 t (see "3. Failure to File by Due De		
11. Interest for Late Paymen 12. TOTAL AMOUNT DU	t (see "3. Failure to File by Due De	ate" on back) 7.50	s _70 <u>00</u>
			<b>*</b>
<ul> <li>These amounts must be intrast</li> </ul>	ate only and must be verifiable.		
AS PROVID	ED IN SECTION 364.336, FI	ORIDA STATUTES, THE MINIMUM AN	NUAL FEE IS \$50
	,	INT COMPANY STATUS	
( ) Facilities-Based Carrier ( ) Alternate-Operator Service	(√) Reseller ( ) Rebiller	( ) Call Aggregator	
( ) Another-Operator Service	( ) Keolifoi	( ) Other:	
-	BIL	LING INFORMATION	
Complete below if billing agent if other	er than yourself.		
		•	
(Name) What is the total amount of customer	danaalta oollootod?	(Address: City/State/Zip)	(Telephone) otal amount of bond held (if applicable)?
Amount: \$ for 19			Expires:
De son less dels considerations for		PANY INFORMATION	
Do you lease telecommunications' fac If YES, who do you lease these facilit			
Address:			
		_ :	
I, the undersioned owner/officer of	f the above-named commany. have	read the foregoing and declare that to the hest of m	v knowledge and belief the above information
is a true and correct statement. I am aw	are that pursuant to Section 837.06,	read the foregoing and declare that to the best of m Florida Statutes, whoever knowingly makes a false	
	are that pursuant to Section 837.06,	Florida Statutes, whoever knowingly makes a false isdemeanor of the second degree.	statement in writing with the intent to mislead
is a true and correct statement. I am aw a public servant in the performance of	are that pursuant to Section 837.06, his/her duty shall be guilty of a mi	Florida Statutes, whoever knowingly makes a false isdemeanor of the second degree.	statement in writing with the intent to mislead
is a true and correct statement. I am aw a public servant in the performance of (Signature of Compar	are that pursuant to Section 837.06, his/her duty shall be guilty of a mi	Florida Statutes, whoever knowingly makes a false isdemeanor of the second degree.  Secretary  (Title)	statement in writing with the intent to mislead  \( \frac{4 - 10 - 01}{(Date)} \)
is a true and correct statement. I am aw a public servant in the performance of	are that pursuant to Section 837.06, his/her duty shall be guilty of a mi	Florida Statutes, whoever knowingly makes a false isdemeanor of the second degree.  Secretary  (Title)	Statement in writing with the intent to mislead  \[ \frac{4 - 10 - 01}{\text{(Date)}} \]  (Date)  8 \( \text{Fax Number (978)} 323 - 3403



## roid penalty and interest charges, the regulatory assessment fee return must be filed on or before 01/30/2001 Interexchange Company Regulatory Assessment Fee Return

-			
STATUS:	•	lic Service Commission	FOR PSC USE ONLY Check# 10707
Actual Return			7 60.00
Estimated Return	TI339	<b>.</b>	0603001
Amended Return	Hemisphere Telephor		s 7.50 P
	200 North Andrews		0603001
NUMBER COLUMN	Ft. Laudordale TFL	33301-10 <b>V</b> 8.E	s_/.50
PERIOD COVERED: 01/01/2000 TO 12/31/200	D066	MAY 0 9 2001	Postmark Date (1/23 b) postmov
			Initials of Preparer 200
1 7 1 1 1	•	Cofficial Mailing Address Has Changed	
hisphere Investments I		SPORD ST TOWER THREE	LOWELL, MA DISSI
ent_Company of Technology Contro	1 services, Inc., successor to He	misohere Rhomon sorvices	(City/State) (Zip)
		FLORIDA	
LINE NOACCOUNT CI	ASSIFICATION	GROSS OPERATING REVEN	UE <u>INTRASTATE REVENUE</u>
1. Long Distance Services	•	s Ö	2 2
2. Access Services		0	0
Private Line Services     Leased Facilities & Circui	its Services	<u>_</u>	
<ol> <li>Miscellaneous Services</li> </ol>		0	0
6. TOTAL Telephone Serv	ices	2 2	, 0
7. LESS: Amounts Paid to C	Other Telecommunications Companies		
(see "2. Fees" on back)  8. TOTAL REVENUES For	Regulatory Assessment Fee Calcula	tion ( )	<u> </u>
<ol><li>Regulatory Assessment Fe</li></ol>	ee Due (Multiply Line 8 by 0.0015)		MINIMUM 00.02
10. Penalty for Late Payment	(see "3. Failure to File by Due Date	on back)	
<ol> <li>Interest for Late Payment</li> <li>TOTAL AMOUNT DUE</li> </ol>	(see "3. Failure to File by Due Date L	" on back)	s 59.00
AS PROVIDE  ( ) Facilities-Based Carrier ( ) Alternate-Operator Service		T COMPANY STATUS  ( ) Call Aggregator  ( ) Other:	ANNUAL FEE IS \$50
<del></del>	BILLI	NG INFORMATION	
Complete below if billing agent if other		110 M12 014/M122021	
			. ( )
(Name) What is the total amount of customer de Amount: \$ for 19			(Telephone) the total amount of bond held (if applicable)? :: \$Expires:
	A03 m	ANY DEPONATED	
Do you lease telecommunications' facilities If YES, who do you lease these facilities	lities? () YES (V) NO	ANY INFORMATION	
Address:			
Audicas.			
I, the undersigned owner/officer of is a true and correct statement. I am awar a public servant in the performance of,	re that pursuant to Section 837.06, Flo	orida Statutes, whoever knowingly makes a f	of my knowledge and belief the above information alse statement in writing with the intent to mislead
217	dentition and memor on Besties of a little		11
(Signature of Company	v Official)		(Date)
•		1	· ·
Preparer of Form - Pl	ARK.	Telephone Number (118) 323	-3382 Fax Number (978) 323 -3403
(Freparer of Form - P)	казе грші Мащеј	F.E.I. No 65- 049	2136



void penalty and interest charges, the regulatory assessment fee return must be filed on or before 01/31/2000

Interexchange Company Regulatory Assessment Fee Return

STATUS:	Roh	F			ce Commission on Back of Form)	n	FOR PSC USE Check# 10707	ONLY
Actual I	Return \	TI339					.50.00	060300
	ed Return		_ 701_1_ 1	. a		<u> </u>		0603001 003001
	d Return		e Telephone		es	j	\$	P
<del></del>		1	Andrews A			1		060300
		Ft. Lauder	dalosFL 3	3301-10	DIDATE	1	s	00401
PERIOD COV					0.0.0001	Ì	11/2	No.
01/01/2001	To 01/23/2001	D (	066	YAM	0 9 2001		Postmark Date 2/05 Initials of Preparer	101 postm
		Please Co	mplete Below If	Official M	alling Address Has	Changed		
	INVESTMENTS		DO CHELM				LOWELL, MA	0185
it company of	Technology Control	Services, Inc., 60	ccessor to He	(Adde Mispher	e Telephone Sx	Mgr)	(City/State)	(Zip)
LINE NO.	ACCOUNT CLA	SCIFICATION			FLORIDA GROSS OPERATIN		Thirth Agree Agree	N.0100100
		Baircaron			OROSS OPERATIO	NG REVENUE	INTRASTATE	REVENUE
	g Distance Services				\$		\$ <u>0</u>	
	ate Line Services				<del>- 0</del>			
	ed Facilities & Circuits	Services				<del></del>	ŏ	
5. Misc	cellaneous Services							
6. <b>TO</b> 1	FAL Telephone Service	es .			c a		<b>5</b> 0	
7. LES	S: Amounts Paid to Otl	acr Telecommunicat	ions Companies*		, 0	<del></del>		<del></del>
(see 8. TOT	"2. Fees" on back) TAL REVENUES For I	Pegulatory Assessme	ent Ban Calculatio		<u> </u>	<b>-</b> →	( 0	
9. Regi	ulatory Assessment Fee	Due (Multiply Line	8 by 0.0015)				50.00	MUMINIM
10. Pena	ulty for Late Payment (s	see "3. Failure to Fi	ile by Due Date"	on back)				
	rest for Late Payment (: FAL AMOUNT DUE	see "3. Failure to F	ike by Due Date"	on back)		longe	\$ 50.00	)
/ New Webs To					ATUTES, THE M	INIMUM ANN	UAL FEE IS \$50	
( ) Facilities-Base ( ) Alternate-Ope		(√) Reseller ( ) Rebiller		·	( ) Call Aggregator ( ) Other;	,		
0-14-14-3			BILLIN	G INFO	RMATION			
Complete below i	f billing agent if other t	han yourself.				•		,
	(Name)			(Addres	s: City/State/Zip)		•	Telephone)
	amount of customer dep				•		ul amount of bond held (if Expires:	• • •
			COMPA	NY INFO	PRMATION			
•	communications' facilities rou lease these facilities		(v) NO					
Address:							·	
Porte cog:	<del></del>		<del></del>		<del></del>			<del></del> -
is a true and correc	distatement. I am aware	that pursuant to Sec	tion 837.06. Flori	da Statutes	whoever knowingly	to the best of my k makes a false sta	mowledge and belief the a	bove informat intent to misl
a public servant	n the performance of hi	wher oury shall be	guity of a misden	neador of t			_	1
		سلمليا			Seigne &	my		1-10-01
	Signature of Company	Utticial)						(Date)
DANIEL				Tele	phone Number (178	323-3382	Fax Number (978)	323-3403
(Prepai	rer of Form - Plea	ise Print Name	)			6-0492130		
				F.E.	. 140.	- 1 2.3	·	