

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

**ORIGINAL**

TOTAL \$ 112.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

TX439-05-0-R  
 TelePacific Communications  
 515 South Flower Street, 47th Floor  
 Los Angeles, CA 90071-2201  
 Docket No. 050960-TP (Isler)  
 Dep 642; 4/4/06

see TU376

FOR PSC USE ONLY  
 Check # 4591  
 \$ 50.00 06-03-001 003001  
 \$ 5.00 P 06-03-001 004011  
 \$ 1.00  
 Postmark Date 3-29-06  
 Initials of Preparer [Signature]

Please Complete Below If Official Mailing Address Has Changed

*name* U.S. TelePacific Corp.  
 d/b/a TelePacific Communications  
 (Name of Company)

[same as above]  
 (Address)

COMMISSION CLEAR  
 (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	_____	CMP
3.	Access Services	_____	_____
4.	Private Line Services	_____	COM
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	CTR
7.	<b>TOTAL REVENUES</b>	\$ _____	\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>	_____	EGR
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	\$ _____	\$ _____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)	_____	GCL
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	6000PC
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	Extension Payment Fee (see "4. Extension " on back)	_____	RCA
14.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>	\$ 50.00	SCR <sup>(3)</sup>

- (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
- (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
- (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

**CURRENT COMPANY STATUS**

Facilities-Based Provider *In CA + NV only*  Reseller  Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

**COMPANY INFORMATION**

Do you lease telecommunications' facilities? ( ) YES  NO

If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

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.

*Nancy Lubamersky*  
 (Signature of Company Official) VP, Public Policy (Title) 3/28/06 (Date)

Nancy Lubamersky  
 (Preparer of Form - Please Print Name) Telephone Number (54) 995.5602 Fax Number (54) 995.5603

F.E.I. No. 95-4593876

# Interexchange Company Regulatory Assessment Fee Return

**TOTAL \$ 112.00**

Florida Public Service Commission

FOR PSC USE ONLY

STATUS:

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2005 TO 12/31/2005

TJ376-05-0-R  
 TelePacific Communications  
 515 South Flower Street, 47th Floor  
 Los Angeles, CA 90071-2201  
 Docket No. 050960-TP (Isler) *see TX 439*

Check # 0591  
 \$ 50.00 06-03-001  
 003001  
 \$ 5.00 P 06-03-001  
 004011  
 \$ 1.00 I  
 Postmark Date 3-30-06  
 Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

*Same*

U.S. TelePacific Corp. 515 S. Flower St. 47th Fl. Los Angeles, CA 90071  
(Name of Company) (Address) (City/State) (Zip)  
dba TelePacific Communications

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	\$ _____	\$ <u>0</u>
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation	_____	\$ <u>0</u>
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)	_____	<u>500</u>
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Extension Payment Fee (see "4. Extension" on back)	_____	_____
13.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>	_____	\$ <u>112.56<sup>00</sup></u>

(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 \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

**CURRENT COMPANY STATUS**

- Facilities-Based Carrier *in CA + NV only*
- Reseller *in CA + NV only*
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.

(Name) \_\_\_\_\_ (Address: City/State/Zip) \_\_\_\_\_ (Telephone) \_\_\_\_\_  
 What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 20 \_\_\_\_\_  
 What is the total amount of bond held (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

**COMPANY INFORMATION**

Do you lease telecommunications' facilities? ( ) YES  NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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/her duty shall be guilty of a misdemeanor of the second degree.

Nancy Lubamersky VP, Public Policy 3/28/06  
(Signature of Company Official) (Title) (Date)  
Nancy Lubamersky Telephone Number 514 995.5602 Fax Number 514 995.5603  
(Preparer of Form - Please Print Name)  
 F.E.I. No. 95-4593876