| TO AVOID PENALTY AND INTEREST CHARGES Intere | , the regulatory assessment fee xchange Company R | egulatory Assessment Fee I | 999 985715 91-2405 Return 99000 12405 |
|--|--|--|---|
| STATUS: | | Service Commission | FOR PSC USE ONLY Check# 200 206879 |
| Actual Return Estimated Return PERIOD COVERED: 01/01/1998 TO 06/04/1998 | TI690 Comcast Long Distance 1500 Market Street Philadelphia, PA 1910 DEPOSIT D 0 7 5 | AUMINISTRATICA MAIL ROOM | \$ |
| | • | Official MailingAddress Has Changed | |
| Please note that the aboreous (Name of Company) | ove utility's CPCN wa | (Address) in 1 | Okt. 980715-TI (City/State) (Zip) |
| LINE NO. ACCOUNT CLAS | SSIFICATION | GROSS OPERATING REVENUE | INTRASTATE REVENUE |
| 9. Regulatory Assessment Fee I 10. Penalty for Late Payment 11. Interest for Late Payment 12. TOTAL AMOUNT DUE *Each amount paid by an interexchange telector intrastate revenue for purposes of determine the second seco | rvices To Local ich Listing) egulatory Assessment Fee Calculation Due (Multiply Line 8 by 0.0015) communications company to a telecom termining the amount of the regulato DED IN SECTION 364.336, FLOR | munications company providing local service for fee assessed the interexchange telecommunically STATUTES, THE MINIMUM ANNUAL | ations company. |
| () Facilities-Based Carrier | CURRENT (X) Reseller | COMPANY STATUS () Call Aggregator | |
| () Alternate-Operator Service | () Rebiller | () Other: | |
| Complete below if billing agent if other the EUR Patacenter, Inc. (Name) AFA (Telephone) What is the total amount of customer depo | an yourself. 5040 Ritter Rd | | RAR RICH MOSES (717) 697-6800 otal amount of bond held (if applicable)? |
| Amount: \$O for 19 | | Amount: \$ | N/A Expires: |
| DC I lease telecommunications' facilitie If YES, who do you lease these facilities f | | NY INFORMATION ecommunications, Inc. d/b/a | Comcast Long Distance |
| | hat pursuant to Section 837.06, Florid | the foregoing and declare that to the best of my da Statutes, whoever knowingly makes a false s leanor of the second degree. | |
| RCH More L | | Vice President | 1/28/99 |
| SEC (Signature of Compa | ANY POOPMENT NUMBER-D | | (Date) |

Fax Number (215) 981-8593

PSC/CMU-153 (Rev. 4/98)

Steven Linskey

(Please Print Name)

| STATUS: | Florida Public S | Service Commission | FOR PSC USE ONLY Check# 200 206879 |
|---|--|---|--|
| X Actual Return Estimated Return | TI690 Comcast Long Distance, 1500 Market Street | ADMINISTRATIC MAIL ROOM | 0603001 |
| PERIOD COVERED: 01/01/1998 TO 06/04/1998 | Philadelphia, PA 19102 DEPOSIT D 0 7 5 | DATE JAN 2 9 1999 | \$ 1 Postmark Date Fed Fx 134 8 Initials of Preparer |
| | | ficial MailingAddress Has Changed | Applied Telephone (1997) (199 |
| Please note that the abo | ove utility's CPCN was | | |
| (Name of Company) | | (Address) | (City/State) edecimal trans (Zip) |
| LINE NO. ACCOUNT CLAS | SIFICATION | GROSS OPERATING REVEN | रकार विकास सम्बद्धाः अस्ति । अस्ति क्रा स्टेब्स्ट श्रीति |
| Long Distance Services Access Services | | \$ <u>7,352.97</u> -0- | \$ |
| Private Line Services Leased Facilities & Circuits Miscellaneous Services | Services | -0 -0- -0- | -0- -0- |
| 6. TOTAL Telephone Services 7. LESS: Amounts Paid For Services Telephone Companies* (Atta 8. TOTAL REVENUES For Re 9. Regulatory Assessment Fee I 10. Penalty for Late Payment 11. Interest for Late Payment 12. TOTAL AMOUNT DUE | rvices To Local | \$ 7,352.97 (-0- | \$ 1,838.24 -0- 1,838.24 2,76 -0- -0- 50.00 |
| from intrastate revenue for purposes of det | ermining the amount of the regulatory DED IN SECTION 364.336, FLORII | fee assessed the interexchange telecom | in and the ample and the teacher |
| () Facilities-Based Carrier () Alternate-Operator Service | (X) Reseller () Rebiller | COMPANY STATUS () Call Aggregator () Other: | A CARLEST OF THE STATE OF THE S |
| Clauralista halanni (Chillian anna (Chillian | | INFORMATION | RAR |
| Complete below if billing agent if other that EUR Datacenter, Inc. | • | , Mechanicsburg, PA 17 | RICK MOSCS 717 607-6000 |
| | | | |
| COMCAST F | | Mello | on Bank, N.A. on Bank Center 00-180/433 ourgh, PA 1528800012 |
| 1500 Market | St. | Company VENDOR # | CHECK DATE: CHECK NUMBER 20-JAN-99 200206679 |
| Philadelphia, PAY | PA 19102-2148 | | 20-JAN-99 200208879 |
| Fifty Dollars And 00 Cent | | | GIECK AMOUNT \$50,00 |
| TO THE ORDER OF 2540 SHUMARD OAK BLV TALLAHASSEE, FL 32399 | D .0850 | TED | |
| THE BACK OF | THIS DOCUMENT CONTAINS AN AR | TIFICIAL WATERMARK - HOLD AT A | NANCIE TO WEW |

FLORIDA PUBLIC SERVICE COMMISSION COMMUNICATIONS / ELECTRIC / GAS UTILITY REGULATORY ASSESSMENT FEE EXTENSION REQUEST

| U CAN TE | L | | |
|--|--|--|---------------|
| | (Utility) | (Utility Code) | (FEID No.) |
| Mailing Address: | 4203 Bay Brank & 65 | | |
| This is to request an export the period indicate | xtension for filing the Regulatory Assessment Fee Retu | | named utility |
| | PERIOD JANUARY 1 - DECEMBER 31, 19 | 98 | |
| | 15 days to February 16 30 days to March 3 | | |
| REASON FOR REQUE | ST: | | |
| Ruh | (Signature) | (Date) | |
| | (Title) (Te | 941-463-0 lephone Number) | 20 Y 9 |
| | (_)9 | <u>î </u> | <u>6</u> 671 |
| | | | |

NOTE TO UTILITY

- Your Regulatory Extension Fee Request form must be filed and received by the Florida Public Service Commission at the address referenced below AT LEAST TWO WEEKS before the payment due date of February 1, 1999. Once your request is received, you will be notified by phone and a letter will be mailed or faxed indicating that your request was approved or denied. THIS IS NOT AN AUTOMATIC EXTENSION, THEREFORE YOU MUST RECEIVE APPROVAL FROM THE COMMISSION IN ORDER TO RECEIVE AN EXTENSION.
- If an extension of 15 days or less is approved, 0.75% of the fee is to be included when making payment.
- If an extension of 16 to 30 days is approved, 1.5% of the fee is to be included when making payment.

| FOR PUBLIC SERVICE COMMISSION USE ONLY | | |
|--|--|--|
| Request Approved Request Denied | | |
| The 199 Regulatory Assessment Fee has not been received. | | |
| The 199 Regulatory Assessment Fee was delinquent. Prior penalty and/or interest has not been received for your 199_ Regulatory Assessment Fee. | | |
| The request was received too late for processing. | | |
| Other: | | |
| APPROVED BY: (Chief, Bureau of Fiscal Services) (Date) | | |

IF YOU HAVE QUESTIONS, PLEASE CONTACT JACKIE KNIGHT AT (850) 413-6267, FAX (850) 413-6268, OR WRITE TO: DIVISION OF ADMINISTRATION, 2540 SHUMARD OAK BOULEVARD, TALLAHASSEE, FLORIDA 32399.