- mp	Local Exchange	ompany Regulatory Assessir RIGINAL	A. 12 (MA) 113 (114)
	•••	c Service Commission	FOR PSC USE ONLY Checks 012025
STATUS:	(See Fillug Ins	structions on Back of Form)	
Actual Return	TX270-02-0-R	•	\$ 50.00 _ 06030
Estimated Return	Fusion Telecom		S P
Amended Return	1415 West Cypress	Creek Road, #220	06030 0040
•	Ft. Lauderdale, FL		\$
PERIOD CAVERED:	, ,	•	Postmark Date 10-24-03
01/01/2002 56 12/3 04/7	- Docket No.	030620-TX (Isler)	Initials of Preparer 27
391 6 OCT 282	(i) Please Complete Below	v If Official Mailing Address Has Changed	
(Name of Compuny)		(Address)	(City/State) (Zi
		FLORIDA	
	ASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
Basic Local Services.	LATA	\$	The second persons and the second
 Long Distance Services (Intra) Access Services 	ALA ORIY)**	The transfer of the state of	· 一个的现在中国的全国的主义的主义的主义的主义的主义的主义的主义的主义的主义的主义的主义的主义的主义的
4. Private Line Services			2. 19 1年中華教育院(1) (2) 日本大阪大学
5. Leased Facilities & Circuits Se	ervices		The state of the s
6. Miscellaneous Services			
			. 6
7. TOTAL REVENUES	r Telecommunications Companies	* (see *? Fees" on back)	3
1	nue for Regulatory Assessment Fee		
	us (Multiply Line 9 by 0.0015)	,	
11. Penalty for Late Payment (see	"3. Failure to File by Due Date" or		
	"3. Failure to File by Due Date" or	n back)	\$ #50
13. TOTAL AMOUNT DUE * These amounts must be intrastate onl	v and must be verifiable.		<u> </u>
** Other long distance revenue must be	listed on the Interexchange Regula	atory Assessment Fee Return.	•
AS PROVIDI	ED IN SECTION 364.336, FI	LORIDA STATUTES, THE MINIMUM A	NNUAL FEE IS \$50
	CURR	ENT COMPANY STATUS	
() Facilities-Based Provider		eseller ther:	
	()0		
	. ВП	T TATO TATEOTRA & A OTTO A ST	
Complete below if hilling egent if other th		LING INFORMATION	-
Complete below if billing agent if other th		LING INFORMATION	
Complete below if billing agent if other the		(Address: City/State/Zip)	(Telephone)
	han yourself.		(Telephone)
	cOM	(Address: City/State/Zip)	(Telephone)
(Name) Do you lease telecommunications' facilities in YES, who do you lease these facilities in the control of	cOM	(Address: City/State/Zip)	(Telephone)
(Name) Do you lease telecommunications' faciliti	cOM	(Address: City/State/Zip)	(Telephone)
(Name) Do you lease telecommunications' facilities to the set fac	cOMes? () YES () NO from? Name:	(Address: City/State/Zip) APANY INFORMATION	(Telephone)
(Name) Do you lease telecommunications' faciliti If YES, who do you lease these facilities to Address: 1, the undersigned owner/officer of the	te above-named company, have rea at pursuant to Section 837.06. Flor	(Address: City/State/Zip) APANY INFORMATION and the foregoing and declare that to the best of my gida Statutes, whoever knowingly makes a false str	knowledge and belief the above information i
(Name) Do you lease telecommunications' faciliti If YES, who do you lease these facilities to Address: 1, the undersigned owner/officer of the true and correct statement. I am aware the public servant in the performance of his/h	te above-named company, have rea at pursuant to Section 837.06, Florier duty shall be guilty of a misden	(Address: City/State/Zip) APANY INFORMATION and the foregoing and declare that to the best of my rids Statutes, whoever knowingly makes a false statutes of the second degree.	knowledge and belief the above information i tement in writing with the intent to mislead a
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FPSC-COMMISSION CLERK