

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

ORIGINAL

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

Please Complete Below If Official Mailing Address Has Changed R.T.

FOR PSC USE ONLY

Check # 4591

\$ 50.00 06-03-001
 003001

\$ 5.00 P 06-03-001
 004011

\$ 1.00 I

Postmark Date 3-29-06

Initials of Preparer

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

(Address)

[Same as above]

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$	\$
2.	Long Distance Services (IntraLATA only) ⁽¹⁾		CMP
3.	Access Services		COM
4.	Private Line Services		CTR
5.	Leased Facilities & Circuits Services		ECR
6.	Miscellaneous Services		GCL
7.	TOTAL REVENUES		6090PC
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		RCA
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 50.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		SCR ⁽³⁾
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		SGA
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		SEC
13.	Extension Payment Fee (see "4. Extension" on back)		OTH
14.	TOTAL AMOUNT DUE (\$50 MINIMUM)		

(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.

☒ Facilities-Based Provider

In CA + NV only

CURRENT COMPANY STATUS

(☒) 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:

- ☒ Actual Return
☐ Estimated Return
☐ Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)

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 # 4591
 \$ 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.	TOTAL Telephone Services	\$	\$ <u>0</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	()	()
8.	TOTAL REVENUES 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.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ <u>112.56⁰⁰</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