

# ORIGINAL

VOID PENALTY AND INTEREST CHARGES. THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2006

## Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- ☒ Actual Return  
☐ Estimated Return  
☐ Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)

TX778-05-0-R  
Premier Telecom, Inc.  
900 S.E. 8th Avenue, Suite 200  
Deerfield Beach, FL 33441-5638

Docket No. 060462-TX

DATE

676 AUG 24 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 1929  
\$ 325.02  
\$ 81.25 COMMISSION  
\$ 1  
Postmark Date 8-16-06  
Initials of Preparer PT

Records  
Power

Premier Telecom, Inc 900 SE 8th Ave, #200 Deerfield Beach, FL 33441  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
CMP 1	Basic Local Services	\$ <u>618,200.91</u>	\$ <u>618,200.91</u>
COM 2	Long Distance Services (IntraLATA only) <sup>(1)</sup>	<u>14,882.73</u>	<u>14,882.73</u>
3	Access Services		
4	Private Line Services		
CTR 5	Leased Facilities & Circuits Services		
6	Miscellaneous Services		
ECR 7	TOTAL REVENUES		\$ <u>633,083.70</u>
GCL 8	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>		<u>470,573.80</u>
9	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ <u>162,509.90</u>
OPC 10	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		<u>325.02</u>
11	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>81.25</u>
RCA 12	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
13	Extension Payment Fee (see "4. Extension" on back)		
SCR 14	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ <u>406.27</u> <sup>(3)</sup>
SGA			
SEC 1			
OTH			

- (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

☒ 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 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.

(Signature of Company Official)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number 954 784-6668

Fax Number 954 418-0066

F.E.I. No. 04-3594963

DOCUMENT NUMBER-DATE

PSC/CMP 007 (Rev. 01/05)

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FPSC-COMMISSION CLERK