

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2008 TO 12/31/2008

Records & pencils

TI256-08-0-R
Global Crossing North American Networks, Inc.
225 Kenneth Drive
Rochester, NY 14623-4277
Docket No. 080624-TF-2008-0001
889 - JAN 20 2009

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
Check # 6221843
\$ 700.00 06-03-001 003001
\$ _____ E
\$ _____ P 06-03-001 004011
\$ _____ I
Postmark Date 1-12-09
Initials of Preparer _____

RECEIVED
FPSC
JAN 16 PM 4:15
COMMISSION CLERK

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0.00	\$ 0.00
2.	Access Services	0.00	0.00
3.	Private Line Services	0.00	0.00
4.	Leased Facilities & Circuits Services	0.00	0.00
5.	Miscellaneous Services	0.00	0.00
6.	TOTAL Telephone Services	\$ 0.00	\$ 0.00
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		0.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
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 (\$700.00 MINIMUM)		\$ 700.00 ⁽²⁾

(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 \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Carrier () Reseller () 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.

M. J. Short Vice President & General Counsel, North America 1/9/09
(Signature of Company Official) (Title) (Date)

Lori Blakely Telephone Number (585) 255 - 1327 Fax Number (877) 766 - 2492
(Preparer of Form - Please Print Name)

DOCUMENT NUMBER - DATE
00454 JAN 16 2009

Handwritten initials