090076-TI

(Zip)

(City/State)

TO AVOID PENALTY AND INTREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 02/10/2010

- Interexchange Company Regulatory Assessment Fee Return							
X Actual Return y 13 Estimated Return Amended Return	rexchange Company Regulatory Assessment Fee Florida Public Service Commission (See Filing Instructions on Back of Form) FK051 Startac Global Operating Company Startac Global Operating Company Startac Global Operating Company Startac Calhoun Place Suite 650 EROckville, MD 20855 935 WAY 1 3 2009 Please Complete Below If Official Mailing Address Has Changed	FOR PSC USE ONLY Check# <u>19 230</u> \$ <u>100.00</u> 06-03-001 003001 \$E \$P 06-03-001 004011 \$I Postmark Date <u>5 - 11-09</u> RT					

(Address)

LINE NO.	ACCOUNT CLASSIFICATION		FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE		
14.	Long Distance Services	\$	813,741.94	\$	95,326.57	
15.	Access Services	_				
16.	Private Line Services			_		
17.	Leased Facilities & Circuits Services		0.00	_	0.00	
18.	Miscellaneous Services	_	0.00	-	0.00	
19.	TOTAL Telephone Services	\$	813,741.94	\$ _	95,326.57	
20.	LESS: Amounts Paid to Telecommunications Companies (1)	(_		())
2 1.	TOTAL REVENUES For Regulatory Assessment Fee Calculation			5	95,326.57	
22.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)			ls≺	190.65	
23.	Penalty for Late Payment (see"3. Failure to File by Due Date" on back)	:		hone had		
2 4.	Interest for Late Payment (see"3. Failure to File by Due Date" on back)	(āđ		
25.	Extension Payment Fee (see "4. Extension" on back)	(\triangleleft		(2)
26.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)			\$	700.00	(4)

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back)

(Name of Company)

(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			
(X) Reseller() Call Ag() Rebiller() Other:				
	(Address: City/State/Zip)	(Telephone)		
d?		What is the total amount of bond held (if applicable)?		
		Amount: \$ Expires:		
СОМРА	NY INFORMATION			
YES ()NO				
	tat C is suid dealers	that to the base of my lunguided and holiof the should		
med company, have i	ead the toregoing and declare	hoever knowingly makes a false statement in writing with		
	(X) Reseller () Rebiller BILLIN d? YES () NO	() Rebiller () Other: BILLING INFORMATION (Address: City/State/Zip) d? COMPANY INFORMATION YES () NO armed company, have read the foregoing and declare		

FPSC-COMMISSION CLERK

Raquel Tully

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From:Paula IslerSent:Tuesday, May 12, 2009 9:24 AMTo:Raquel TullyCc:Melinda WattsSubject:RE: TK051

Yes, they have requested cancellation and were required to pay the 2009 RAF. Please provide the Clerk's Office with proof of payment so that it can be documented in Docket No. 090076-TI. Thanks.

From: Raquel Tully Sent: Tuesday, May 12, 2009 9:20 AM To: Paula Isler Subject: TK051

TK051, paid \$700.00 on a 2009 Raf form, they do not have a cancellation letter. Do you know if they are trying to cancel?





FLovida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

Attn: Fiscal Services

32399+0450

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