

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
1/1/2018 TO 12/31/2018

Records

TY131-18-T-0-R
PBX-Change
5625 West Waters Avenue, #E
Tampa, FL 53634
DATE DEPOSIT
JAN 28 2019 215

FOR PSC USE ONLY
Check # 7970
\$ 600.00 06-03-001
003001
\$ _____ E
\$ _____ P 06-03-001
004011
\$ _____ I
Postmark Date 1-19-19
Initials of Preparer RR

Please Complete Below If Official Mailing Address Has Changed

Tampabay DSL dba PBX-Change (Name of Company) _____ (Address) _____ (City/State) _____ (Zip)

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ <u>310,518.42</u>	\$ <u>9281.05</u>
2.	Network Access Revenues	_____	_____
3.	Long Distance Network Services Revenues	<u>965,984.22</u>	_____
4.	Miscellaneous Revenues	<u>2,720,908.32</u>	_____
5.	TOTAL REVENUES	\$ <u>3,997,410.96</u>	\$ _____
6.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾	_____	<u>not relevant</u>
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)	_____	_____
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾	_____	\$ <u>600.00</u>
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Extension Payment Fee (see "4. Extension " on back)	_____	_____
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)	_____	\$ <u>600.00</u>

RECEIVED-FPSC
COMMISSION CLERK
JAN 25 PM 12:05
\$ 600.00

(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 \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

[Signature] for/asst. to Martine Valdor CFO (Signature of Company Official) _____ (Title) _____ (Date) 1/10/2019
Martine Valdor (Preparer of Form - Please Print Name) _____ Telephone Number 813 356-0100 Fax Number () _____

F.E.I. No. 59-3642146
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JAN 25 PM 12:06