DRIGINAL TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RITURN MUST BE FILED ON OR BEFORE 01/30/2001 Interexchange Company Regulatory Assessment Fee Return Docke + 0/1058-TI FOR PSC USE ONLY Florida Public Service Commission Check# (See Filing Instructions on Back of Form) 2,00 TJ-356 Estimated Remand 0603001 003001 Total Call International, Inc. Amended Return nenana i 345 S. Figueroa Street, Suite M01 004011 Los Persons A 90071 DATE PERIOD COVERED: Postmark Date 10 01/01/2000 TO OCT 1 1 2001 Initials of Preparer 12/31/2000 Complete Below If Official Mailing Address Has Changed Total Call International, Inc. 6455 East Johns Crossing Suite 285 Duluth GA 30097 (Name of Company) (Address) (City/State) (Zip) **FLORIDA** LINE NO. ACCOUNT CLASSIFICATION GROSS OPERATING REVENUE INTRASTATE REVENUE Long Distance Services 0.00 Access Services Private Line Services Leased Facilities & Circuits Services Miscellaneous Services 0.00 TOTAL Telephone Services 0.00 LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) TOTAL REVENUES For Regulatory Assessment Fee Calculation Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015) Penalty for Late Payment (see "3. Failure to File by Due Date" on back) 50.00 10. 12 50 11. Interest for Late Payment (see "3. Failure to File by Due Date" on back) 3,50 12. TOTAL AMOUNT DUE 66,00 These amounts must be intrastate only and must be verifiable. AS PROVIDED IN SECTION 364,336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 **CURRENT COMPANY STATUS**) Facilities-Based Carrier (X) Reseller) Call Aggregator) Alternate-Operator Service () Rebiller) Other: **BILLING INFORMATION** Complete below if billing agent if other than yourself. (Name) (Address: City/State/Zip) (Telephone) What is the total amount of customer deposits collected? What is the total amount of bond held (if applicable)? Amount: \$ for 19 Expires: Amount: S COMPANY INFORMATION Do you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name: Address: I, the undersigned owner/officer of above named company have read the foregoing and declare that to the best of my knowledge and belief the above ware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with information is a true and correct stateme a public servant duty shall be guilty of a misdemeanor of the second degree. J+30 Amy R. Lee 678 775-2244 775-2254 Telephone Number (F.E.I. No. 33-0858351 (Preparer of Form - Please Print Name) PSC/CMU-153 (Rev. 11/11/99) DOCUMENT NUMBER - DATE

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Case Assignment and Scheduling Record

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