

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
Estimated Return
Amended Return

P. Isler
CCA

TJ291-01-0-R
Resort Hospitality Services, Ltd.
P. O. Box 20038
Knoxville, TN 37940-1038

FOR PSC USE ONLY
Check# 002308
\$ 50.00
\$ 12.50
\$ 2.50
Postmark Date 6/13/02
Initials of Preparer mc

PERIOD COVERED: 01/01/2001 TO 12/31/2001

DEPOSIT

DATE cc: P. Isler

JUN 20 2002

Please Complete Below If Official Mailing Address Has Changed

D225

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Includes rows for Long Distance Services, Access Services, etc., and a total amount due of \$65.00.

\* 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 ( ) Reseller ( ) Call Aggregator
( ) Alternate-Operator Service ( ) Rebiller (X) Other: NOT ACTIVE AT THIS TIME

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?
Amount: \$ for 19
What is the total amount of bond held (if applicable)?
Amount: \$ Expires:

COMPANY INFORMATION

Do you lease telecommunications facilities? ( ) YES (X) NO
YES, who do you lease these facilities from? Name:
Address:

Signature of Company Official: Nick Koulichkov
Title: ASSTY CONTROLLER
Date: 6/13/02

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.

Preparer of Form - Please Print Name: NICK KOULICHKOV
Telephone Number (843) 842-7795 Fax Number ( ) 842-8601
F.E.I. No. 57-095 9898 DOCUMENT NUMBER-DATE 06384 JUN 20 02



June 13, 2002

Paula Isler  
Florida Public Service Comm

Dear Paula,

As you suggested, I'm writing this note to you as a reminder to change your records to reflect our new corporate name of TelSouth Communications.

Thank you for your help in this matter.

A handwritten signature in black ink that reads "Nick Koulickov".

Nick Koulickov  
Assistant Controller