

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004

## Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- ☐ Actual Return  
☐ Estimated Return  
☐ Amended Return

PERIOD COVERED:

04/22/2003 TO 12/31/2003

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ762-03-0-R  
 Teleglobe USA LLC  
 1000 de La Gauchetiere West  
 Montreal, Quebec,  
 Canada H3B 4X5,  
 CC: DK+. # 030922-T1

FOR PSC USE ONLY	
Check#	50317
\$	50.00 0603001
\$	003001
\$	P 0603001
\$	004011
\$	I
Postmark Date 10/1/03	
Initials of Preparer RT	

Please Complete Below If Official Mailing Address Has Changed

Teleglobe USA LLC 1 Discovery Square, 12010 Sunset Hills Rd., Reston, VA  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0.	\$ 0.
2.	Access Services	0.	0.
3.	Private Line Services	0.	0.
4.	Leased Facilities & Circuits Services	0.	0.
5.	Miscellaneous Services	0.	0.
6.	TOTAL Telephone Services	\$ 0.	\$ 0.
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 0. )	( 0. )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		
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.	TOTAL AMOUNT DUE		\$ 50.00

\* 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  
☐ Alternate-Operator Service  
☐ Rebiller  
☐ Call Aggregator  
☐ Other:

## BILLING INFORMATION

Complete below if billing agent if other than yourself.

N/A (Name) (Address: City/State/Zip) (Telephone)  
 What is the total amount of customer deposits collected? Amount: \$ 0. for 04/22-12/31/2003  
 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:

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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.

(Signature of Company Official)

Acting General Counsel

(Title)

(Date)

Diana Peneva

(Preparer of Form - Please Print Name)

Telephone Number 703 766-3034 Fax Number 703 766-3004

F.E.I. No.