

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

*** FINAL RETURN ***
Florida Public Service Commission
(See Filing Instructions on Back of Form)

STATUS:

- ☒ Actual Return
☐ Estimated Return
☐ Amended Return

PERIOD COVERED:

01/01/2004 TO 12/31/2004

TJ219-04-0-R 041459-77
Dolfo.Net
2815 N.W. 13th Street, Suite 201
Gainesville, FL 32609-2865
DEPOSIT DATE
515 DEC 30 2004

FOR PSC USE ONLY

Check# 02221
\$ 50.00 06-03-001 003001
\$ P 06-03-001 004011
\$ I
Postmark Date 12-27-04
Initials of Preparer PT

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	CMP INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	COM
2.	Access Services		CTR
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$	GCL
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	OPC
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		MMS
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		RCA
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		SCR
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		SEC
12.	TOTAL AMOUNT DUE	\$ 0	OTH

* 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 () Other: Dissolved

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 () NO
If YES, who do you lease these facilities from? Name:

Address:

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) (Title) 1/21/04 (Date)
Paul Ayoub (Preparer of Form - Please Print Name) Telephone Number 352 375-2912 Fax Number 352 375-2702
F.E.I. No. N/A COMPANY DISSOLVED

DOCUMENT NUMBER-DATE
13613 DEC 29 04
FPSC-COMMISSION CLERK