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APR 16 2004

Missouri Public
Service Commission

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Records
Public Service Commission

Buy-Tel Communications, Inc.

(Full Company Name)

**COMPETITIVE
LOCAL EXCHANGE CARRIER
ANNUAL REPORT
TO THE
MISSOURI PUBLIC SERVICE COMMISSION**

For Period Ending December 31, 2003

State in full the exact 'certificated' name of the Competitive Local Exchange Carrier:

1. (Do not abbreviate; yet include any Commission approved fictitious name, if applicable.)

Buy-Tel Communications, Inc.

2. Effective date of certification by the MO Public Service Commission and associated case number:

Date (e.g. 00/00/0000): 09/07/1999 Case No: TA-99-548

3. Was the company certificated in Missouri under any other name(s)? If yes, please provide all names and time periods involved since the original certification:

No

4. This Competitive Local Exchange Carrier is a (Check box with an X) and under 'Explanation' list registered name if different than certificated name listed above (e.g. parent corporation name). If 'Other' is identified, explain:

Type	Explanation
<input checked="" type="checkbox"/> Corporation	_____
<input type="checkbox"/> Partnership	_____
<input type="checkbox"/> Sole Proprietorship	_____
<input type="checkbox"/> LLC	_____
<input type="checkbox"/> LP	_____
<input type="checkbox"/> Other	_____

5. Date of incorporation or other original organization (e.g. 00/00/0000):

11/07/1997

6. Under the laws of what state is the Competitive Local Exchange Carrier organized:

TEXAS

7. State in full the name, street address, telephone number, and e-mail address* of the individual completing/verifying this Annual Report:

MARY Beth Austin
3024 B Shawnee TRAIL PO Box 136578 Fort Worth TX 76136
817-238-1577
info@phonehwytel.com

(*) To facilitate electronic sending of the Annual Report form next year.

10. Please provide the following information concerning Total Company and gross intrastate operating revenues (i.e., Missouri Specific) Revenues for this Calendar Year: 2003

Revenues:	Total Company	MO Specific
Operating Revenues* from Telecommunication Services	997,996.30	22,938.48
Access Fee Revenues	0	0
Federal USF Subsidies	0	0
State USF Subsidies	0	0
Other Revenues	0	0
TOTAL REVENUES	997,996.30	22,938.48

MO Specific should match Statement of Revenue
 (FY-2005 Mo.PSC Assessment)

11. Type of Missouri tax return filed (i.e. MO-1065, MO-1120A, MO-1120S, MO-NRP, MO-NRS etc.): 1120 C

12. Missouri Taxpayer ID: 75-2733879

* Missouri Revised Statutes §386.020(53)

(53) "Telecommunications service", the transmission of information by wire, radio, optical cable, electronic impulses, or other similar means. As used in this definition, "information" means knowledge or intelligence represented by any form of writing, signs, signals, pictures, sounds, or any other symbols. Telecommunications service does not include:

(a) The rent, sale, lease, or exchange for other value received of customer premises equipment except for customer premises equipment owned by a telephone company certificated or otherwise authorized to provide telephone service prior to September 28, 1987, and provided under tariff or in inventory on January 1, 1983, which must be detariffed no later than December 31, 1987, and thereafter the provision of which shall not be a telecommunications service, and except for customer premises equipment owned or provided by a telecommunications company and used for answering 911 or emergency calls;

(b) Answering services and paging services;

(c) The offering of radio communication services and facilities when such services and facilities are provided under a license granted by the Federal Communications Commission under the commercial mobile radio services rules and regulations;

(d) Services provided by a hospital, hotel, motel, or other similar business whose principal service is the provision of temporary lodging through the owning or operating of message switching or billing equipment solely for the purpose of providing at a charge telecommunications services to its temporary patients or guests;

(e) Services provided by a private telecommunications system;

(f) Cable television service;

(g) The installation and maintenance of inside wire within a customer's premises;

(h) Electronic publishing services; or

(i) Services provided pursuant to a broadcast radio or television license issued by the Federal Communications Commission;

13. In an effort to update our Electronic Filing & Information system (EFIS) with current company contact and address information please provide the following information. Either verify the information through EFIS and initial in space provided or complete each sub-type and the Data Center Staff will update as required.

a. Official Representative of the Company:

Information contained in EFIS is current: mha
initials

Name: Clyde Austin
Street/ PO Box: 3024B Shawnee Trail P O Box 136578
City, State, Zip: FORT WORTH TX 76116
Telephone number: 817-238-6577
Fax number: 817-238-6537
E-mail address: clayde@phonebuytel.com

b. Consumer Services:

Information contained in EFIS is current: mha
initials

Name: Cheryl Austin
Street/ PO Box: 3024 B Shawnee Trail P O Box 136578
City, State, Zip: FORT WORTH TX 76116
Telephone number: 817-238-6577
Fax number: 817-238-6537
E-mail address: cheryl@phonebuytel.com

c. Individual to receive statement of revenue (assessment):

Information contained in EFIS is current: mha
initials

Name: Mary Beth Austin
Street/ PO Box: 3024 B Shawnee Trail P O Box 136578
City, State, Zip: FORT WORTH TX 76116
Telephone number: 817-238-6577
Fax number: 817-238-6537
E-mail address (*): info@phonebuytel.com

(*) To facilitate electronic sending of the statement of revenue next year.

In addition provide specific contacts for areas (d. through n.) if applicable on the following pages. In lieu of additional contacts being provided, designate if a, b, or c, above should be identified as the contact.

d. Tariff:

Information contained in EFIS is current: mha
initials

Name: (a)
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

note: psc making corrections, had Buy-Tel as water utility on EFIS

13. continued

e. CFO/Comptroller: *Information contained in EFIS is current:* mba
Name: (a)
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____
initials

f. Technical: *Information contained in EFIS is current:* mba
Name: (b)
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____
initials

g. Surveillance: *Information contained in EFIS is current:* mba
Name: (b)
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____
initials

h. In-House Attorney: *Information contained in EFIS is current:* _____
Name: _____
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____
initials

i. Attorney: *Information contained in EFIS is current:* mba
Name: CT Corporation
Street/ PO Box: 120 South Central Ave. Suite 400
City, State, Zip: Clayton, MO 63105
Telephone number: 314-863-5545
Fax number: 314-863-0259
E-mail address: _____
initials

13. continued

j. Consultant:

Information contained in EFIS
is current: _____

Name: _____

Street/ PO Box: _____

City, State, Zip: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

initials

k. Other:

Information contained in EFIS
is current: _____

Name: (a) _____

Street/ PO Box: _____

City, State, Zip: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

initials

l. Regulatory:

Information contained in EFIS
is current: _____

Name: (a) _____

Street/ PO Box: _____

City, State, Zip: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

initials

m. Area Contact Entry:

Information contained in EFIS
is current: _____

Name: _____

Street/ PO Box: _____

City, State, Zip: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

initials

n. Carrier Billing Relations:

Information contained in EFIS
is current: _____

Name: (b) _____

Street/ PO Box: _____

City, State, Zip: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

initials

