刚为

# COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

X INTEREXCHANGE CARRIER ALTERNATIVE OPERATOR:		COMPETITIVE COMPETITIVE EXCHANGE	/E LOCAL CARRIERS
AN	NUAL REPO	RT	2012 MAR 28 AM 11: 34
	OF		P U
Horiz	on Telecom, Inc. (90-6	144)	
	act legal name of respondent		3
If name was changed during ye		ous name and date of chan	gc. <b>3</b>
	Website UFL:		· · · · · · · · · · · · · · · · · · ·
3993 Howard Hughes Parkway, Ste. 250		NV	89109
Address	City Cou	ınty State	Zip Code
F	800-435-9217 hone: (Area Code) Number		<u>-</u>
3993 Howard Hughes Parkway, Ste. 250	Las Vegas principal business office at er	NV	89109
PUBLIC UTI	TO THE LITIES COMMISSIO AR ENDED DECEMI	N OF OHIO	
Name, title, address, e-mail address and telephone number	(including area code) of the perso	on to be contacted concerning this rep	ort.
Name: Mark Lammert, CPA c/o Compli	ance Solutions, Inc.	•	7-260-1011_
Title: Tax Preparer for Company			7-260-1033
Address: 740 Florida Central Parkway, Su	ite 2028, Longwood, FI		
This is to certify th accurate and complete document delivered in Technician	reproduction of	of a case file	

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### GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

### Please read the general instructions carefully before filling out this form:

- 1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
- The schedules and questions contained in this report were developed to be generally applicable to all competitive
  telecommunication service providers. All instructions shall be followed and each question answered as fully and
  accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item
  has been overlooked.
- 3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.
- 4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.
- 5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.
- 6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.
- 7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.
- 8. The annual report shall be signed by a duly elected officer of the respondent and it shall be notarized.
- 9. "Operating" as used in this report refers to regulated operations while "Nonoperating" refers to nonregulated operations.

## **IDENTITY OF RESPONDENT**

1.	. Identify respondent's form of business organization: <u>Corporation</u>	sole prop	rietorship, par	tnership, cor	poration, or o	ther (explain).
2.	<ol> <li>If a consolidated, merged, or reorganized company, b transactions, and PUCO authority. If a reorganized c</li> </ol>					date of the
	The Company is not a consolidated, merged	d or reorg	anized compa	ny.		
3.	Identify any other names (other than shown on title pobusiness during the year.	age) unde	r which respon	ndent condu	cted any part c	of its
4.	If incorporated specify:  a. Date of filing of articles of incorporation.  b. State in which incorporated.		Sep	tember 4, 20 Nevada	000	
	-					
5.	<ul> <li>Identify PUCO Case Number (and date issued) granti</li> <li>Case #: 03-1282-TP-ACE Date Is</li> </ul>			and identify	certificate nun	nber(s) issued.
6.	<ul> <li>State whether respondent is operational in Ohio (actu (but not currently providing service).</li> <li>The Company was perational in Ohio thro</li> </ul>		_	nd the date o	operations beg	an), or available
7.	7. If operational, identify Ohio counties where responde	nt is prov	riding service.			
					4 11 46	
8.	<ol> <li>Identify separately the number of residential and busi or other type services provided.</li> </ol>	ness custo	omers served t Voice	y responder <u>Data</u>	it. Identity vo Other	ice, data,
	•	lential	0	0	0	
	Busin		0	0	0	
9.	. Identify if services are provided by resale (total services) (through respondent's own switch or via UNE platform)					
	All services are provided via resale in the c	ounties no	oted in the resp	onse to que	stion #7.	
10	0. Identify local exchange companies that respondent h		•		~	vice in Ohio.
	The Company does not have interconnection	n agreem	ents with local	exchange c	ompanies.	

### IMPORTANT CHANGES DURING THE YEAR

Report important changes of the types listed. Except as otherwise indicated data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information which answers an inquiry is given elsewhere in the report, identification of the other answer will be sufficient.

1.	Changes in ownership or c	control (shareholders holding 5% or more of outstanding stock).
2.	Other important changes: in this report.	Give brief particulars of each other important change which is not disclosed elsewhere
	None	

# DIRECTORS, PROPRIETORS, PARTNERS

1. Give the name of each director or proprietor. (For partnerships identify each partner, identify which are general or limited partner and show each partner's percent of interest.)

Term Expired or Current Term Will Expire (c)	Perpetual	v names of individuals holding comparable positions.)  21. Treasurer: Robert Sorrentino  22. Controller: Robert Sorrentino
Served Continuously From (b)	Inception	ons, show names of individual 21. Treasurer: 22. Controller:
Name and Address (City and State) (a)	Robert Sorrentino 3993 Howard Hughes Pkwy., Ste. 250, Las Vegas, NV 89109	(For corporations, show the data requested; for other forms of business organizations, show names of individuals holding comparable positions.)  Name of Chairman of the Board: Robert Sorrentino  Name of Secretary of Board: Robert Sorrentino  President: Robert Sorrentino  Vice-President: Robert Sorrentino  Secretary: Robert Sorrentino  Secretary: Robert Sorrentino
Líne No.	1 3 4 4 7 7 11 12 13 15 15	16 17 18 19

### Instructions:

Schedule 2 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

The jurisdictional separation of revenues reported in this schedule should conform, to the extent applicable, to the procedures and instructions of CFR 47 Parts 32 and 36.

For interexchange carriers, intrastate refers to messages originating and terminating in Ohio.

For cellular, competitive access, and paging providers, intrastate refers to amounts billed to an Ohio account.

### SCHEDULE: 2

	STATEMENT	OF INTRASTATE GROSS EARNINGS (REVENUE)	
Line#	Item		 Amount Ohio Intrastate
1	Operating and Miscellaneous Common Carrier, Directory R work performed for others, re investment used to provide no	\$ 0	
2	Operating and Nonoperating, currency exchange or transfer	Other Operating or Nonoperating Gains (foreign extinguishment of debt, company's share of earnings ted for on equity method, income from sinking and	\$ 0
3	SUBTOTAL	(1) + (2)	\$ 0
4	Earnings or receipts from sale	es to other public utilities for resale	\$ 0
5	TOTAL	(3) + (4)	\$ 0

Annual Report of: Horizon Telecom, Inc. (90-6144)	Year Ended December 31, 2011
SCHEDULE: 3	
	CORRESPONDENCE IS DIRECTED TO THE ADDRESS, PLEASE COMPLETE THE FOLLOWING.
	Number of the Company's Contact Persons ders from the Docketing Division
Jennifer DePinto	Regulatory Manager
Name	Title
3993 Howard Hughes Parkway, Suite 250, Las Vegas, NV Address	7 89109
800-435-9217 Phone Number (Including Area Code)	
Prione Number (including Area Code)	
Name, Title, Address, and Phone Numbe	er of Person to whom Invoice should be Directed
Jennifer DePinto	Regulatory Manager
Name	Title
2002 H	7. 80100
3993 Howard Hughes Parkway, Suite 250, Las Vegas, NV Address	89109
800-435-9217	<u> </u>
Phone Number (Including Area Code)	
Name and Ade	dress of the President
Robert Sorrentino	President
Name	
2002 Harriard Harris as Darling Code 250 Law V	7 80100
3993 Howard Hughes Parkway, Suite 250, Las Vegas, NV Address	4 93103

### **VERIFICATION**

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

		OATH	
State of:	New Jersey Burlington	)	
	Sorrentino name of the affiant.)	makes oat	h and says that he is
Pro	esident	of	Horizon Telecom, Inc. (90-6144)
(Insert here the of	ficial title of deponent)		(Insert here the exact legal title or name of the respondent.)
fact contained in the said rabove-named respondent i	eport are true and the said	report is a correct matter set forth the	edge, information, and belief, all statements of statement of the business and affairs of the nerein during the period from and including
		7.0	(Signature of affiant.)