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TELECOMMUNICATIONS COMPANIES

ANNUAL REPORT

Net One International, Inc. 4037 Metric Drive, Suite 200 Winter Park, FL 32792
Full name and address of Company

Correct name and address, if different than shown

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2008

SECTION I

INQUIRIES CONCERNING THIS ANNUAL REPORT SHOULD BE ADDRESSED TO:

NAME: Sandra Williams TITLE: Treasurer
ADDRESS: 4037 Metric Drive, Suite 200
CITY: Winter Park STATE: FL ZIP: 32792
TELEPHONE: (407) 384-4200 FAX: (407) 384-4222 E-MAIL: sandrawilliams@netoneint.com

The company must notify the Commission, in writing, of any changes to the above information.

SECTION II

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL

Check Money Order AMEX Visa MasterCard

For Commission Use Only

Credit Card Authorization #: _____

Credit Card Number: _____ Expiration Date _____ Month/Year _____

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CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.

Name (Printed) Sandra Williams Title Treasurer
Signature _____ Date 5/1/09

For Commission Use Only

Reception Number: _____ 001-111-02-68-170-11: _____ Reference Number: _____
001-111-02-68-170-01: _____ 001-111-02-68-032-05: _____

SECTION III

1. Have you attached the following additional documents (please check to show what's attached):

- Income statement (**required**):
- Balance sheet (**required**):
- Regulatory Fee Calculation Schedule (**required**):
- Additional information if required under [WAC 480-120-385](#) (1) (c) (i), (ii), or (iii).
- Other documents (please describe): _____

2 **Washington Unified Business Identifier (UBI) No.:** 601 799 374

If you do not know your UBI Number you may contact the Department of Licensing at (360)664-1400.

3 Services

- a. Does your company provide operator services (automated or live assistance to customers in completing or billing a telephone call) at a call aggregator location, such as at a pay phone? Yes No
- b. Does your company provide local exchange services in Washington? Yes No

4. Lines in service

- a. If your company filed [Form 477](#) with the FCC within the last 12 months for its Washington operations, please proceed to Section IV, otherwise proceed to 4.b. (below):
- b. If the company did not file FCC [Form 477](#) for its Washington operations within the last 12 months, please complete the following:

Washington State Data as of December 31, 2008

- 1. Total voice-grade equivalent lines and voice-grade equivalent wireless channels in service: 0
- 2. Total lines and channels you currently provided to end users: 0

SECTION IV

ANNUAL REPORT CERTIFICATION

I certify that I, Sandra Williams, the responsible account officer for Net One International, Inc. have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2008, to December 31, 2008, inclusive.

Name (Printed) Sandra Williams Title Treasurer

Signature _____ Date 5/1/09

Online Annual Report Certification

I acknowledge that the foregoing Annual Report has been submitted electronically; that, to the best of my knowledge, information and belief, all statements of fact contained in all attached schedules are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2008, to December 31, 2008, inclusive. I agree that my name typed in lieu of my handwritten signature shall be sufficient to deem the report complete.

Authorized By:

Sandra Williams

Please Type Full Name Here

Authorized Date:

June 23, 2009

Please Type Full Date Here

SECTION V -- OPTIONAL

Companies that have been granted minimal regulation of their bundled telecommunications services under [RCW 80.36.332](#) may use this section to certify compliance if so required by Commission order.

CERTIFICATION AS TO BUNDLED SERVICES

I am an officer of or attorney for _____ (the "Company") and hereby certify (or declare) under penalty of perjury under the laws of the State of Washington that as of the date of execution of this document, the Company's packages or bundles of telecommunications services that are offered on a minimally regulated basis comply with [RCW 80.36.332](#) and with UTC Order #__ in Docket UT-_____.

The foregoing is true and correct:

Name (Printed) _____ Title _____

Signature _____ Date _____