

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

- INTEREXCHANGE CARRIER
 ALTERNATIVE OPERATOR SERVICE PROVIDER
 COMPETITIVE ACCESS
 COMPETITIVE LOCAL EXCHANGE CARRIERS
 OTHER (Describe):

ANNUAL REPORT

90-5884

USA Digital Communications, Inc.
Mr. David D. Williamson
Regulatory Manager
1603 SE 19th Street Suite 120
Edmond, OK 73013-6625

Address

City

County

State

Zip Code

Phone: (Area Code) Number

(Address of principal business office at end of year)

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE
YEAR ENDED DECEMBER 31, 2004

PU000

2005 MAY - 6 AM 9:06

RECEIVED - REGISTRATION DIV

Name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report.

Celeste Eckroat, Regulatory Manager, 1603 SE 19th St Ste 120,
Edmond, OK 73013-6625. Celeste.Eckroat@USAD.com; 800-746-8419

TABLE OF CONTENTS

Title	Page
General Instructions.....	1
Identity of Respondent.....	2
Important Changes During The Year.....	3
Directors, Proprietors, Partners (Schedule 1).....	4
Statement of Intrastate Gross Earnings (Revenue) For The Year (Schedule 2).....	5
Name, Address and Phone Number of the Company's Contact Persons and Whom Invoice Should be Directed.....	6
Verification.....	7

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.
2. 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: sole proprietorship, partnership, corporation, or other (explain).

S Corporation

2. If a consolidated, merged, or reorganized company, briefly provide particulars of such transactions, the date of the transactions, and PUCO authority. If a reorganized company, give name of original company.

N/A

3. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year.

N/A

4. If incorporated specify:

- a. Date of filing of articles of incorporation.
b. State in which incorporated.

5-27-1998
Nevada

5. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued.

90-5884 September 9, 1999

6. State whether respondent is operational in Ohio (actually providing service and the date operations began), or available (but not currently providing service).

USA Digital Communications, Inc is operational in Ohio, and began operations on January 1, 2000.

7. If operational, identify Ohio counties where respondent is providing service.

USA Digital Communications, Inc ~~is~~ offers services statewide. Services are currently provided to the following counties: Ashtabula, Butler, Cuyahoga, Franklin, Geauga, Holmes, Lorain, Lucas, Stark, Trumbull, Tuscarawas

8. List the types of services provided by the respondent, e.g., residential voice, business voice, business data, other (specify types of other services provided).

Business voice and data service provided

9. Identify if services are provided by resale (total service resale of local exchange company service) or facilities based (through respondent's own switch or via UNE platform), and names of Ohio counties where each type of service is provided.

Services provided by resale only. Service is offered statewide and are currently provided to counties in No 7.

10. Identify local exchange companies that respondent has interconnection agreements with to provide service in Ohio.

N/A

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 control (shareholders holding 5% or more of outstanding stock).

N/A

2. Other important changes: Give brief particulars of each other important change which is not disclosed elsewhere in this report.

N/A

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.)

Line No.	Name and Address (City and State) (a)	Served Continuously From (b)	Term Expired or Current Term Will Expire (c)
1	Mark J Costello 1603SE 19th St Ste 120 Edmond OK 73013-6625	May 27, 1998	May 27, 2004
2			
3			
4	Richard Costello 1603SE 19th St Ste 120 Edmond OK 73013-6625	May 27, 1998	May 27, 2004
5			
6			
7	Jame R Texter Jr 1603 SE 19th St Ste 120 Edmond OK 73013	May 27, 1998	May 27, 2004
8			
9			
10	Anthony Catania		Term Expired 6-1-2004
11			
12			
13			
14			
15			
(For corporations, show the data requested; for other forms of business organizations, show names of individuals holding comparable positions.)			
16	Name of Chairman of the Board	21 Treasurer	James R Texter JR
17	Name of Secretary of Board	22 Controller	
18	President		Mark J Costello
19	Vice-President		Richard E Costello
20	Secretary		Jame R Texter Jr

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 No.	Item	Amount Ohio Intrastate
1	Operating and Miscellaneous Revenue - Wholesale Cellular Communications, Radio Common Carrier, Directory Revenue, Rent Revenue, Special Billings (revenue from work performed for others, rent revenue-nonoperating, return on regulated investment used to provide nonregulated products and services, etc.)	289 667.06
2	Other Revenue, Dividend and Interest Income, Gains From Disposition of Property -- Operating and Nonoperating, Other Operating or Nonoperating Gains (foreign currency exchange or transfer, extinguishment of debt, company's share of earnings of affiliated company accounted for on equity method, income from sinking and other funds, etc.)	0
3	SUBTOTAL (1) + (2)	289 667.06
4	Earnings or receipts from sales to other public utilities for resale	(0)
5	TOTAL (3) + (4)	289 667.06

SCHEDULE: 3

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

Name, Title, Address, and Phone Number of the Company's Contact Persons to Receive Entries and Orders from the Docketing Division

Celeste Eckroat Regulatory Manager
Name Title
1603 SE 19th St Ste 120, Edmond OK 73013-6625
Address
800-746-8419
Phone Number (Including Area Code)

Name, Title, Address, and Phone Number of Person to whom Invoice should be Directed

Celeste Eckroat Regulatory Manager
Name Title
1603 SE 19th St Ste 120 Edmond OK 73013-6625
Address
800-746-8419
Phone Number (Including Area Code)

Name and Address of the President

Mark J Costello President
Name
1603 SE 19th St Ste 120 Edmond OK 73013
Address

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

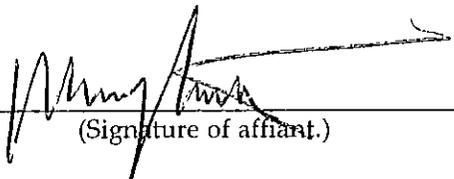
State of Oklahoma
County of Oklahoma

Mark J Costello makes oath and says that
(Insert here the name of the affiant.)

he is President
(Insert here the official title of deponent)

of USA Digital Communications, Inc
(Insert here the exact legal title or name of the respondent.)

that he has examined the foregoing report; that to the best of his knowledge, information, and belief, all statements of fact contained in the said report are true and the 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 and including Jan 1, 2024, to and including Dec 31, 2024.


(Signature of affiant.)

COPY

2005 FCC Form 499-A Telecommunications Reporting Worksheet

>>> Please read instructions before completing. <<<

Approval by OMB
3060-0855

Annual Filing -- due April 1.

Block 1: Contributor Identification Information

During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722. If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.]		820620
102 Legal name of reporting entity		USA Digital Communications Inc
103 IRS employer identification number		[Enter 9 digit number] 73-1545784
104 Name telecommunications service provider is doing business as		USA Digital Communications Inc
105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see directions.]		
<input type="checkbox"/> All Distance <input type="checkbox"/> CAP/CLEC <input type="checkbox"/> Cellular/PCS/SMR (wireless telephony incl. by resale) <input type="checkbox"/> Coaxial Cable		
<input type="checkbox"/> Incumbent LEC <input type="checkbox"/> Interexchange Carrier (IXC) <input type="checkbox"/> Local Reseller <input type="checkbox"/> Operator Service Provider (OSP) <input type="checkbox"/> Paging & Messaging		
<input type="checkbox"/> Payphone Service Provider <input type="checkbox"/> Prepaid Card <input type="checkbox"/> Private Service Provider <input type="checkbox"/> Satellite Service Provider		
<input type="checkbox"/> Shared-Tenant Service Provider / Building LEC <input type="checkbox"/> SMR (dispatch) <input checked="" type="checkbox"/> Toll Reseller <input type="checkbox"/> Wireless Data		
If Other Local, Other Mobile or Other Toll is checked, describe carrier type / services provided: <input type="checkbox"/> Other Local <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other Toll		
106.1 Holding company name (All affiliated companies must show the same name on this line.)		
106.2 Holding company IRS employer identification number		[Enter 9 digit number]
107 FCC Registration Number (FRN) [https://svartifoss2.fcc.gov/cores/CoresHome.html] [For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]		[Enter 10 digit number] 0004272886
108 Management company [if carrier is managed by another entity]		
109 Complete mailing address of reporting entity corporate headquarters		1603 SE 19th St Ste 120 Edmond OK 73013
110 Complete business address for customer inquiries and complaints [if different from address entered on Line 109]		1603 SE 19th St Ste 120 Edmond OK 73013
111 Telephone number for customer complaints and inquiries [Toll-free number if available]		888 872 3787
112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.		
a	Digital T-1 Communications Inc	g
b	DST Communications, Inc.	h
c	USA Digital Communications, Inc.	i
d		j
e		k
f		l

[This space reserved for processing]

Use an additional sheet if necessary. Each reporting entity must provide all names used for carrier activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems -- file electronically at

<http://form499.universalservice.org/>

FCC Form 499-A
April 2005

2005 FCC Form 499-A Telecommunications Reporting Worksheet

Block 2-A: Regulatory Contact Information

201 Filer 499 ID [from Line 101]	820620
202 Legal name of reporting entity [from Line 102]	USA Digital Communications, Inc.
203 Person who completed this Worksheet	Celeste Eckroat
204 Telephone number of this person	800-746-8419
205 Fax number of this person	405-715-0733
206 E-mail of this person	Celeste.Eckroat@USAD.com
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent	USA Digital Communications, Inc. Attn: Celeste Eckroat 1603 SE 19th St Ste 120 Edmond OK 73013-6625
208 Billing address and billing contact person: [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.]	1603 SE 19th St Ste 120 Edmond OK 73013-6625

Block 2-B: Agent for Service of Process

All carriers must complete Lines 209 through 213.

During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

209 D.C. Agent for Service of Process per 47 U.S.C. §413	Business Filings Incorporated
210 Telephone number of D.C. agent	800-981-7183
211 Fax number of D.C. agent	608-827-5501
212 E-mail of D.C. agent	info@bizfilings.com
213 Complete business address of D.C. agent for hand service of documents	400 7th St NW Ste 101 Washington, DC 20004
214 Local/alternate Agent for Service of Process (optional)	
215 Telephone number of local/alternate agent	
216 Fax number of local/alternate agent	
217 E-mail of local/alternate agent	
218 Complete business address of local/alternate agent for hand service of documents	

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems -- file electronically at

<http://form499.universalservice.org/>

FCC Form 499-A
April 2005

2005 FCC Form 499-A Telecommunications Reporting Worksheet

Block 2-C: FCC Registration and Contact Information

Carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

219 Filer 499 ID [from Line 101]	820620
220 Legal name of reporting entity [from Line 102]	USA Digital Communications, Inc.
221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)	Mark J Costello
222 Business address of individual named on Line 221	check if same as Line 109 <input checked="" type="checkbox"/>
223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)	Richard E Costello
224 Business address of individual named on Line 223	check if same as Line 109 <input checked="" type="checkbox"/>
225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)	James R Texter JR
226 Business address of individual named on Line 225	check if same as Line 109 <input checked="" type="checkbox"/>

227 Indicate jurisdictions in which the filing entity provides telecommunications service. Include jurisdictions in which telecommunications service was provided in the past 15 months and jurisdictions in which telecommunications service is likely to be provided in the next 12 months.

- | | | | | |
|----------------------------------------------------------|-----------------------------------------------|---------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Alabama | <input type="checkbox"/> Guam | <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> New York | <input checked="" type="checkbox"/> Tennessee |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Hawaii | <input checked="" type="checkbox"/> Michigan | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Texas |
| <input type="checkbox"/> American Samoa | <input checked="" type="checkbox"/> Idaho | <input type="checkbox"/> Midway Atoll | <input checked="" type="checkbox"/> North Dakota | <input type="checkbox"/> Utah |
| <input checked="" type="checkbox"/> Arizona | <input checked="" type="checkbox"/> Illinois | <input checked="" type="checkbox"/> Minnesota | <input type="checkbox"/> Northern Mariana Islands | <input type="checkbox"/> U.S. Virgin Islands |
| <input checked="" type="checkbox"/> Arkansas | <input checked="" type="checkbox"/> Indiana | <input checked="" type="checkbox"/> Mississippi | <input checked="" type="checkbox"/> Ohio | <input checked="" type="checkbox"/> Vermont |
| <input checked="" type="checkbox"/> California | <input checked="" type="checkbox"/> Iowa | <input checked="" type="checkbox"/> Missouri | <input checked="" type="checkbox"/> Oklahoma | <input checked="" type="checkbox"/> Virginia |
| <input checked="" type="checkbox"/> Colorado | <input type="checkbox"/> Johnston Atoll | <input checked="" type="checkbox"/> Montana | <input checked="" type="checkbox"/> Oregon | <input type="checkbox"/> Wake Island |
| <input checked="" type="checkbox"/> Connecticut | <input checked="" type="checkbox"/> Kansas | <input checked="" type="checkbox"/> Nebraska | <input checked="" type="checkbox"/> Pennsylvania | <input checked="" type="checkbox"/> Washington |
| <input checked="" type="checkbox"/> Delaware | <input checked="" type="checkbox"/> Kentucky | <input checked="" type="checkbox"/> Nevada | <input type="checkbox"/> Puerto Rico | <input checked="" type="checkbox"/> West Virginia |
| <input checked="" type="checkbox"/> District of Columbia | <input checked="" type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire | <input checked="" type="checkbox"/> Rhode Island | <input checked="" type="checkbox"/> Wisconsin |
| <input checked="" type="checkbox"/> Florida | <input checked="" type="checkbox"/> Maine | <input checked="" type="checkbox"/> New Jersey | <input checked="" type="checkbox"/> South Carolina | <input checked="" type="checkbox"/> Wyoming |
| <input checked="" type="checkbox"/> Georgia | <input checked="" type="checkbox"/> Maryland | <input checked="" type="checkbox"/> New Mexico | <input checked="" type="checkbox"/> South Dakota | |

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems -- file electronically at

<http://form499.universalservice.org/>

FCC Form 499-A
April 2005

2005 FCC Form 499-A Telecommunications Reporting Worksheet

Block 3: Carrier's Carrier Revenue Information

301 Filer 499 ID [from Line 101]	820620				
302 Legal name of reporting entity [from Line 102]	USA Digital Communications, Inc.				
Report billed revenues for January 1 through December 31, 2004. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
See instructions regarding percent interstate & international.		Interstate (b)	International (c)	Interstate Revenues (d)	International Revenues (e)
Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms					
<i>Fixed local service</i>					
Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs					
303.1 Provided as unbundled network elements (UNEs)	0	0	0	0	0
303.2 Provided under other arrangements	0	0	0	0	0
Per-minute charges for originating or terminating calls					
304.1 Provided under state or federal access tariff	0	0	0	0	0
304.2 Provided as unbundled network elements or other contract arrangement	0	0	0	0	0
305 Local private line & special access service	0	0	0	0	0
306 Payphone compensation from toll carriers	0	0	0	0	0
307 Other local telecommunications service revenues	0	0	0	0	0
308 Universal service support revenues received from Federal or state sources	0	0	0	0	0
<i>Mobile services (including wireless telephony, paging & messaging, and other mobile services)</i>					
309 Monthly, activation, and message charges except toll	0	0	0	0	0
<i>Toll services</i>					
310 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)	0	0	0	0	0
311 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)	0	0	0	0	0
312 Long distance private line services	0	0	0	0	0
313 Satellite services	0	0	0	0	0
314 All other long distance services	0	0	0	0	0

Note: As stated in the instructions, for all revenues reported on this page, you must retain the Filer 499 ID and contact information for the associated customers. You must verify that each of these customers is a direct contributor to the federal universal service support mechanism and that the customer is purchasing service for resale as telecommunications. These records must be made available to the administrator or the FCC upon request. (See instructions.)

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems -- file electronically at

<http://form499.universalservice.org/>

FCC Form 499-A
April 2005

2005 FCC Form 499-A Telecommunications Reporting Worksheet

Block 4-A: End-User and Non-Telecommunications Revenue Information

401 Filer 499 ID [from Line 101]		820620				
402 Legal name of reporting entity [from Line 102]		USA Digital Communications, Inc.				
Report billed revenues for January 1 through December 31, 2004. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. See instructions regarding percent interstate & international.		Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
			Interstate (b)	International (c)	Interstate Revenues (d)	International Revenues (e)
Revenues from All Other Sources (end-user telecom. & non-telecom.)						
403 Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions		423292	100%	0	423292	0
<i>Fixed local services</i>						
Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges						
404.1	Provided at a flat rate including interstate toll service	0	0	0	0	0
404.2	Provided without interstate toll included (see instructions)	0	0	0	0	0
405	Tariffed subscriber line charges and PICC charges levied by a local exchange carrier on a no-PIC customer	0	0	0	0	0
406	Local private line & special access service	0	0	0	0	0
407	Payphone coin revenues (local and long distance)	0	0	0	0	0
408	Other local telecommunications service revenues	0	0	0	0	0
<i>Mobile services (including wireless telephony, paging & messaging, and other mobile services)</i>						
409	Monthly and activation charges	0	0	0	0	0
410	Message charges including roaming, but excluding toll charges	0	0	0	0	0
<i>Toll services</i>						
411	Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards	3667	62%	7%	2274	257
412	International calls that both originate and terminate in foreign points	0	0%	100%	0	0
413	Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412	0	0	0	0	0
414	Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)	897440	62%	7%	556413	62820
415	Long distance private line services	6051418	62%	7%	3751879	423599
416	Satellite services	0	0	0	0	0
417	All other long distance services	0	0	0	0	0
418	Revenues other than U.S. telecommunications revenues. Information services, inside wiring maintenance, billing and collection customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues (See instructions.)	2175747				

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems -- file electronically at

<http://form499.universalservice.org/>

2005 FCC Form 499-A Telecommunications Reporting Worksheet

Block 4-B: Total Revenue and Uncollectible Revenue Information

	Total Revenues (a)	Breakouts	
		Interstate Revenues (d)	International Revenues (e)
419 Gross billed revenues from all sources [incl. reseller & non-telecom.] [Lines 303 through 314 plus Lines 403 through 418]	9551564	4733858	486676
420 Gross universal service contribution base amounts [Lines 403 through 411 Lines 413 through 417] See Figure 4 in instructions.	7375817	4733858	486676
421 Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419	334451	334451	0
422 Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420	159792	159792	0
423 Net universal service contribution base revenues [Line 420 minus line 422]	7216025	4574066	486676

Block 5: Additional Revenue Breakouts

501 Filer 499 ID [from Line 101]	820670
502 Legal name of reporting entity [from Line 102]	USA Digital Communications, Inc

Most filers must contribute to LNP administration and must provide the percentages requested in Lines 503 through 510. Filing entities that use Line 603 to certify that they are exempt from this requirement need not provide this information.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

	Block 3 Carrier's Carrier (a)	Block 4 End-User Telecom. (b)
503 Southeast: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	%	27 %
504 Western: Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming	%	8 %
505 West Coast: California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.	%	15 %
506 Mid-Atlantic: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia	%	13 %
507 Mid-West: Illinois, Indiana, Michigan, Ohio, and Wisconsin	%	14 %
508 Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont	%	8 %
509 Southwest: Arkansas, Kansas, Missouri, Oklahoma, and Texas	%	16 %
510 Total [Percentages must add to 0 or 100.]	%	100 %

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below. As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See instructions.)

	(a) Total Revenues	(b) Interstate and International
Revenues from resellers that do not contribute to Universal Service	\$ 0	\$ 0

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2005 FCC Form 499-A Telecommunications Reporting Worksheet

Block 6: CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101]

820620

602 Legal name of reporting entity [from Line 102]

USA Digital Communications, Inc.

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.]

603 I certify that the reporting entity is exempt from contributing to:

Universal Service

TRS

NANPA

LNP Administration

Provide explanation below:

604 Please indicate whether the reporting entity is

State or Local Government Entity

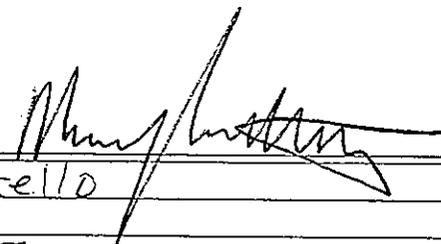
I.R.C. § 501 Tax Exempt

PUHCA § 34 (a)(1) Exempt

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in Section II-B of the instructions.

606 Signature



607 Printed name of officer

Mark J Costello

608 Position with reporting entity

President

609 Business telephone number of officer

888 872 3787

610 E-mail of officer

m.costello@amcat.com

611 Date

4-1-05

612 Check those that apply:

Original April 1 filing for year

New filer, registration only

Revised filing with updated registration

Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036

For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via e-mail: Form499@universalservice.org

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems -- file electronically at

<http://form499.universalservice.org/>