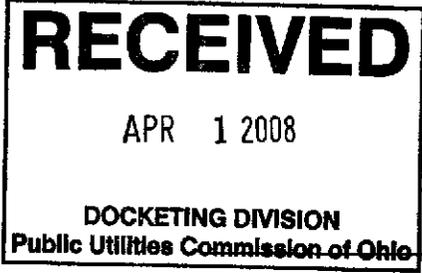


**COMPETITIVE TELECOMMUNICATIONS  
SERVICE PROVIDERS**

For the provision of (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> INTEREXCHANGE CARRIER                 | <input type="checkbox"/> COMPETITIVE ACCESS                             |
| <input type="checkbox"/> ALTERNATIVE OPERATOR SERVICE PROVIDER | <input checked="" type="checkbox"/> COMPETITIVE LOCAL EXCHANGE CARRIERS |
|  | <input type="checkbox"/> OTHER (Describe):                              |



**ANNUAL REPORT**

OF

Community ISP, Inc. (90-9340)  
(Exact legal name of respondent)

If name was changed during year, show also the previous name and date of change.

Website UFL:

3035 Moffat Road	Toledo	OH	43615
Address	City	County	State

419-724-5336

Phone: (Area Code) Number

3035 Moffat Road	Toledo	OH	43615
(Address of principal business office at end of year)			

**TO THE  
PUBLIC UTILITIES COMMISSION OF OHIO  
FOR THE YEAR ENDED DECEMBER 31, 2007**

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

Name: <u>Mark Lammert, CPA c/o Compliance Solutions, Inc.</u>	Telephone #: <u>407-260-1011</u>
Title: <u>Tax Preparer for Company</u>	Fax #: <u>407-260-1033</u>
Address: <u>740 Florida Central Parkway, Suite 2028, Longwood, FL 32750</u>	

**TABLE OF CONTENTS**

<u>Title</u>	<u>Page</u>
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).

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.

The Company is not a consolidated, merged or reorganized company.

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

\_\_\_\_\_  
\_\_\_\_\_

4. If incorporated specify:

a. Date of filing of articles of incorporation. April 13, 1999  
b. State in which incorporated. Delaware

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

Case #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

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

The Company was operational in Ohio throughout 2007.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Identify separately the number of residential and business customers served by respondent. Identify voice, data, or other type services provided.

	<u>Voice</u>	<u>Data</u>	<u>Other</u>
Residential	<u>0</u>	<u>0</u>	<u>0</u>
Business	<u>0</u>	<u>0</u>	<u>0</u>

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.

All services are provided via resale in the counties noted in the response to question #7.

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

The Company does not have interconnection agreements with local exchange companies.

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### 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).

None

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

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.)

Line No.	Name and Address (City and State) (a)	Served Continuously From (b)	Term Expired or Current Term Will Expire (c)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Jeffrey Klingshirn Mark Wittenmyer 402 Greneleaf, Holland, OH 43528 8970 Oakvalley Rd., Holland, OH 43528	Inception Inception	Perpetual Perpetual
(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: <u>Jeffrey Klingshirn</u>	21. Treasurer: <u>Jeffrey Klingshirn</u>	
17	Name of Secretary of Board: <u>Mark Wittenmeyer</u>	22. Controller: <u>Mark Laser</u>	
18	President: <u>Dustin Wade</u>		
19	Vice-President:		
18	Secretary: <u>Jeffrey Klingshirn</u>		

## 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 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.)	\$ 0
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	<b>SUBTOTAL</b> (1) + (2)	\$ 0
4	Earnings or receipts from sales to other public utilities for resale	\$ 0
5	<b>TOTAL</b> (3) + (4)	\$ 0

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

Mark Laser Regulator Contact  
Name Title

3035 Moffat Road., Toledo, OH 43615  
Address

419-724-5336  
Phone Number (Including Area Code)

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

Mark Lammert CPA c/o Compliance Solutions, Inc. Tax Preparer for the Company  
Name Title

740 Florida Central Parkway, Suite 2028, Longwood, FL 32750  
Address

407-260-1011  
Phone Number (Including Area Code)

Name and Address of the President

Dustin Wade President  
Name

3035 Moffat Road., Toledo, OH 43615  
Address

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# Compliance Solutions

Inc.

Telecom Tax Services  
Transaction Tax Services  
Business Accounting Services

407-260-1011 • 407-260-1033/fax • mark@csilongwood.com • 740 Florida Central Pkwy., Ste. 2028, Longwood, FL 32750

March 31, 2008  
Via Standard Overnight (FedEx)

Public Service Commission of Ohio  
Attn: Chris Kotting  
180 East Broad Street  
Columbus, OH 43266-0573  
614-466-0358

RE: Community ISP, Inc.  
Company FEIN: 62-1777621  
Annual Report

Dear Chris,

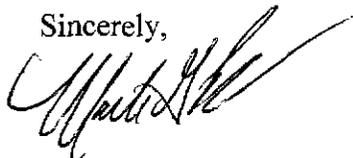
Enclosed for filing is the Annual Report, filed on behalf of Community ISP, Inc.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Please do not hesitate to contact me at 407-260-1011 or [mark@csilongwood.com](mailto:mark@csilongwood.com) if you have any questions or concerns.

Thank you for your assistance in processing this filing.

Sincerely,



Mark G. Lammert, CPA  
Tax Preparer for Community ISP, Inc.

cc: Community ISP, Inc.  
file: Community ISP, Inc.- PUC - OH

PUCO

2008 APR - 1 PM 4:43

RECEIVED-DOCKETING DIV