

FILE

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

AboveNet Communications Inc. - Act # 90-5991
(Exact legal name of respondent)

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

www.above.net

Website URL

360 Hamilton Avenue - 7th Floor
Address

White Plains
City

Westchester
County

NY
State

10601
Zip Code

(914) 421-7546
Phone: (Area Code) Number

360 Hamilton Avenue, 7th Floor, White Plains, New York 10601, Attn: Mr. William T. Scheppy
(Address of principal business office at end of year)

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE
YEAR ENDED DECEMBER 31, 2010

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

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business
Technician ATN Date Processed 5/6/11

RECEIVED-DOCKETING DIV
2011 MAY -6 PM 2:43
PUCO

William T. Scheppy, Tax Manager, 360 Hamilton Avenue, 7th Floor, White Plains, NY 10601,
wscheppy@above.net, (914) 421-7546

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).

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.

See Attached - "Significant events dates + details"

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

NONE

4. If incorporated specify:

a. Date of filing of articles of incorporation. → 01/01/90

b. State in which incorporated. → Delaware

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

90-5896

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

Not operating in state - NO Ohio customers

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

N/A

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).

Lease at Dark River → optic cable for business

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.

NONE - currently in Ohio

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).

NONE

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

NONE

SCHEDULE 1

DIRECTORS, PROPRIETORS, PARTNERS			
1. Give the name of each director or proprietor. (For partnerships identify each partner, identify which are general or limited partners, 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	<i>See Attached Detail</i>		
(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
17	Name of Secretary of Board	22	Controller
18	President		
19	Vice-President		
20	Secretary		
			<i>See Attached Detail</i>

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)		
		Amount
Line No.	Item	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.)	
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.)	
3	SUBTOTAL (1) + (2)	
4	Earnings or receipts from sales to other public utilities for resale	()
5	TOTAL (3) + (4)	<i>NONE</i>

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

Jill Seefeld Senior Attorney
 Name Title

360 Hamilton Avenue - 7th Floor, White Plains, NY 10601
 Address

(914) 421-6700
 Phone Number (Including Area Code)

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

William T. Scarpia Tax Manager
 Name Title

360 Hamilton Avenue - 7th Floor, White Plains, NY 10601
 Address

(914) 421-7146
 Phone Number (Including Area Code)

Name and Address of the President

William G. Laporte President + CEO
 Name

360 Hamilton Avenue - 7th Floor, White Plains, NY 10601
 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 New York
County of Westchester

William T. Schenck makes oath and says that
(Insert here the name of the affiant.)

he is The manager
(Insert here the official title of deponent)

of Above Net Communications
(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 January 1, 2000, to and including December 31, 2000.

William T. Schenck
(Signature of affiant.)

ABOVENET COMMUNICATIONS, INC.
f/k/a Metromedia Fiber Network Services, Inc.
name changed on 08/28/03
FEIN # 13-3982836

Director	Title	Office Address
William G. LaPerch	Director	360 Hamilton Avenue, 7th Floor
Robert J. Sokota	Director	360 Hamilton Avenue, 7th Floor White Plains, NY 10601

Officer	Title	Office Address
William G. LaPerch	President & CEO	360 Hamilton Avenue, 7th Floor White Plains, NY 10601
Joseph Ciavarella	Senior VP & CFO	360 Hamilton Avenue, 7th Floor White Plains, NY 10601
Robert J. Sokota	Senior VP - General Counsel & Secretary	360 Hamilton Avenue, 7th Floor White Plains, NY 10601

Date of Incorporation State of Incorporation Location of HQ
01/06/98 Delaware White Plains, NY

This legal entity (FEIN: 13-3982836) is a wholly owned subsidiary by AboveNet, Inc. (FEIN: 11-3168327)

Tha wathay

(614) 466-1832

(614) 317-1010

FEIN: 13-3982836

NAICS 517110

Significant events, dates & data:

05/20/02 Filed for chapter 11 bankruptcy

09/08/03 Emerged from bankruptcy

Affiliates merged in: AboveNet Communications, Inc.
Sitesmith, Inc.

Changed name from: Metromedia Fiber Network Services, Inc.
to: AboveNet Communication, Inc.

100% Parent Company:

Metromedia Fiber Network, Inc.
changed name to AboveNet, Inc. on 09/08/03.

All of these entities are headquartered at:

360 Hamilton Avenue
7th Floor
White Plains, NY 10601
914-421-6700
914-421-6716 (F)

AboveNet Inc. Incorporated in Delaware on 04/08/93 (FEIN: 11-3168327) and is the parent entity of

AboveNet Communications, Inc. - Incorporated in Delaware on 01/06/98 (FEIN: 13-3982836)



AboveNet

Tel 914 421 6700
Fax 914 421 6777

AboveNet, Inc.
360 Hamilton Avenue
White Plains, NY 10601
www.above.net

Certified Mail # 7010 2780 0000 1924 2773

May 3, 2011

Public Utilities Commission of Ohio
180 East Broad Street
Columbus, Ohio 43215-3793
Attn: Ms. Paulette Kelly

Re: AboveNet Communications, Inc.
Account # 90-5895 - Ohio Public Utilities Commission Annual Report Year Ending 12/31/10

Dear Ms. Kelly:

Please find enclosed AboveNet Communications, Inc., Account # 90-58795 Ohio Public Utilities Commission Annual Report Year ending 12/31/10.

If you have any further questions or need any additional information please feel free to contact me at (914) 421-7546.

Best Regards,

William T. Scheppy
Phone: (914)-421-7546
Fax: (914)-421-6716
Email: wscheppy@above.net