5LINX Enterprises, Inc.

Company Name

(Provide the full name of the company as certificated or registered with the Missouri Public FILED Service Commission. Do not abbreviate; include any Commission approved d/b/a or fictitious name, if applicable.) March 30, 2015 Data Center

TELECOMMUNICATIONS COMPANY OR IVoIP PROVIDER Service Commission ANNUAL REPORT TO THE

MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of

January 1 - December 31, 2014

Please select how the company is certificated or registered with the Commission under the Company Name as shown above (check all that apply):

Incumbent Local Telecommunications Company (not competitively classified ILEC)

Incumbent Local Exchange Telecommunications Company (competitively classified ILEC)

Competitive Local Exchange Telecommunications Company (CLEC)

Interexchange Telecommunications Company (IXC)

Local Non-switched Telecommunications Provider (classified in EFIS as IXC)

Interconnected Voice over Internet Protocol Service Provider (IVoIP)

If more than one certificate or registration is held by the company then keep in mind that you must file an annual report in the Commission's Electronic Filing and Information System (EFIS) based on each certificate or registration. In such situations, we anticipate the annual reports to be identical; however please verify the following:



The various annual reports filed in EFIS are identical.

The various annual reports filed in EFIS are different.



Not applicable (Company only has one certificate or registration; therefore only one annual report was filed in EFIS.)

Please choose one of the following filing options to indicate the security level of the filing:



Public submission (NOT Proprietary or Highly Confidential)

Non-Public submission (Highly Confidential or Proprietary) (See instructions for special requirements.)

Please review the instructions document before proceeding by using the link below: Instructions - Annual Report Telco and IVoIP

For use when filing under seal.

Annu	al Report of		nterprises, Inc.
	ic.	or the calendar year of Jan	nuary 1 - December 31, 2014
ate in full the c	ompany's informati	on below:	
275 Ke	enneth Dr. Rochester, N	IY 14623	585-334-2600
	Company Street Addres	SS	Telephone Number
			585-991-6238
Company Mailing	g Address (if different fro	om street address)	Fax Number
			jmulvehill@5linx.com
С	ity	State Zip	E-Mail Address
nis company is c	urrently a (check appr	opriate box):	
 Corporation 	Sole Proprietorship	LP	
Partnership		Other - Explain	

3. Annual Report Contact Information:

List the contact information of the person completing the form, whether an employee or a third-party preparer. This may differ from the address in Item No. 1.

Mark Lammert, CPA, Tax	Preparer for Com	pany	407-260-1011
Nam	e		Telephone Number
740 Florida Central Pkwy, Ste 2	2028, Longwood,	FL 32750	407-260-1033
Street Ad	dress		Fax Number
740 Florida Central	Pkwy, Ste 2028		mark@csilongwood.com
Mailing Ac	idress		E-mail Address
Longwood	FL	32750	
City	State	Zip	

4. Identify the principal or general officers of the company at the end of the year. Please include an additional sheet, if enough space is not provided on this page, to completely provide the requested information.

Title of General Officer	Name of Person Holding Office
President & CEO	Craig Jerabeck
CFO & VP of Finance	Michael Baron
Vice President	Jeb Tyler
VP & Secretary	Jason Guck

 Please provide a list of all mergers, consolidations, and reorganizations involving the registered or certificated company and completed during the last year. Do not include internal company reorganizations or personnel issues.

5LINX Enterprises, Inc.

for the calendar year of January 1 - December 31, 2014

6. Please provide the following information concerning the company's revenues for this calendar year:

Row		MO Jurisdictional (Column A)	Total Company ¹ (Column B)
RE	TAIL *	** **	
1.	Local Service Revenues include tariffed revenues attributed to local telecommunications services, extended area service, secondary features such as call forwarding, caller ID, local operator services, directory-related services, etc. and for IVoIP service.		
2.	Interexchange Revenues include revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange IVoIP services.	\$10,055.00	\$11,042,343.00
3.	Non-Switched Telecommunications Service Revenues include revenues attributed to retail local and interexchange private line services (but not special access or private line services provided to other telecommunications carriers).		
4.	Bundled or Packaged Revenues include any revenues whereby the company is providing voice services in combination with multiple services whereby revenue can not be easily attributed to local, interexchange or non-switched categories. If such bundles includes Internet, video or some non-regulated service then the company's revenue shall be based on the company's rate offer for solely voice services. The excess revenue associated with the bundled service which is over the amount related to revenue associated with voice only service shall be recorded in the Total Company column. If voice service is only offered as part of a bundled service, the company shall identify all revenue associated with the bundle of services in the Missouri Jurisdictional column.		
5.	Retail Uncollectible Revenues from telecommunications revenues. (This amount is generally a negative number.)		
6.	RETAIL TOTAL (This amount should equal the total of Rows 1 - 5 above and should also match your Missouri Universal Service Fund Net Jurisdictional Revenue Report amount.)	\$10,055.00	\$11,042,343.00
1. 01	THER		State State State State
7.	Wholesale Revenues include intrastate switched, special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers.		
8.	Miscellaneous Revenues ² associated with non-retail services, such as, advertising revenues, rent revenues, corporate operations revenues, special billing arrangements, customer operations, plant operations, other incidental regulated revenues, and other revenue settlements. (<i>NOTE FOR ILEC ONLY</i> : refer to FCC account #s: 5230, 5240, 5250, 5261, 5262, 5263, 5264, 5269, and 5270.)		
9.	Other Uncollectible Revenues from other revenues. (This amount is generally a negative number.)		
10.	High-Cost Federal USF Revenues include all revenues received as support from the Universal Service Fund for the High-Cost program.	N/A	
	Other Federal USF Revenues include all revenues received as support from the Universal Service Fund for the following programs: Low Income, Schools and Libraries, and Rural Health.	N/A	
12.	State USF Revenues include all revenues received as support from the Universal Service Fund.		
13.	TOTAL REVENUES (This amount should equal the total of Rows 6 - 12 above.) Total MO Jurisdictional Revenue (Column A) should match Total Gross Intrastate Operating Revenue on the Statement of Revenue.	\$10,055.00	\$11,042,343.00

"Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).

"Interconnected Voice over Internet Protocol service" as defined by Section 386.020(23) RSMo.

1 List total regulated revenue and IVoIP revenue provided by a registered company and, if applicable, non-regulated revenue for company name as listed at the top of this page.

Do not include revenues for any company NOT listed at the top of the page.

² If you have miscellaneous revenue related to retail telecommunications services, then enter it in Row 1.

For use when filing under seal.

for the calendar year of January 1 - December 31, 2014

7.

Line Quantities for Local Voice Service & IVoIP Service¹

			Reta	ail				Wholesale to Non-Registered Nomadic IVoIP	
Exchange ²	**	Residential	** 1	**	Business	**	**	Providers ³	**
	1	0			0			0	
		0		5	0	1005		0	
	10	0			0			0	
	19	0			0		18165	0	
		0			0	150		0	
		0			0			0	
	and the second	0			0		151	0	
		0			0		Dir.	0	
		0			0	一里	2	0	
	1	0			0	12		0	
	12	0			0		1	0	10
	n - 57	0		N.	0			0	
	64	0			0			0	
		0			0	1	A.	0	
		0	1		0			0	
		0			0			0	1.2
		0			0			0	
	1	0			0		を示	0	H
		0			0	ALC: NO		0	
	215-2	0			0			0	
	1.6	0			0		ALC NO	0	
	1	O			0		4	0	
		0			0			0	
		0			0			0	
		0			0	32	THE W	0	
	DU DU	0			0	Ty		0	
		0			0			0	
		0			0	124		0	-
Totals:	556	0		7	0	1211		0	

¹ See instructions for additional clarification about filling out this page.

² Exchange refers to areas as listed in ILEC tariffs. (Exchanges are not always the same as rate centers, wire centers and central offices.)

³ Wholesale to Non-registered Nomadic IVoIP Providers refers to arrangements where your company is providing wholesale services for a nomadic IVoIP provider who is not registered with the Missouri PSC. (Do not use this column for retail line quantities or if your company sets the end user's rates.)

For use when filing under seal.

for the calendar year of January 1 - December 31, 2014

Relay Missouri Annual Billing, Collections and Retention

8. Any ILEC, CLEC or VoIP provider must submit information in the table below.¹ (The table should be completely filled-in. The only exception is if a company is reporting "0" line quantities on page 4 whereby insert \$0 in the total row for each of the three columns.)

Month	Relay Missouri Revenue Collected (collected or received, according to your record- keeping methods)				Relay Missouri Retention Amount (of the amount collected)	Relay Missouri Revenue Remitted to Commission (of the amount collected)			
	**		**	**		**	**		**
January		\$0.00	11.		\$0.00	No.	20	\$0.00	
February		\$0.00			\$0.00	in the	2.4	\$0.00	
March		\$0.00			\$0.00	24		\$0.00	
April		\$0.00			\$0.00			\$0.00	
May	16	\$0.00			\$0.00			\$0.00	
June		\$0.00			\$0.00	N.	Contraction of the second	\$0.00	
July		\$0.00			\$0.00		3.0	\$0.00	
August		\$0.00			\$0.00	32	and the second s	\$0.00	
September		\$0.00	G		\$0.00	New?	351	\$0.00	
October		\$0.00			\$0.00	216	1 THE	\$0.00	-
November		\$0.00			\$0.00			\$0.00	
December		\$0.00			\$0.00		100	\$0.00	
Total		\$0.00			\$0.00			\$0.00	

- 9. Please indicate the per line value of the Relay Missouri Surcharge applied to your customers in December.
- 10. If your firm did not impose the Relay Missouri Surcharge, please explain:

¹ Companies classified in the MoPSC's EFIS system solely as IXCs are not expected to complete this page.

Annual Report of 5LINX Enterprises, Inc.

for the calendar year of January 1 - December 31, 2014

		VERIFICATION		
Receiver of the com	npany. The oath req		President, Treasurer, General Manager or ore any person authorized to administer an e is taken.	
		OATH		
State Of	19-11-11-1-	New York	}	
County Of		Monroe	} ss:	
-	LOROMAN DE LOROMAN	Michael Baron Company Official/Represe	makes oath and says that	
s/he is		CFC		
	Officia	al Title of the Affiant (Comp	pany Official/Representative)	
of		5LINX Enterp		
	Exact Legal T	itle or Name of the Respo	ndent (Certificated Company Name)	
	Address and Tel	enhone Number of the Aff	fiant (Company Official/Representative)	
belief, all statement statement of the bu as applicable) the c	amined the foregoin ts of fact contained i siness and affairs o	g report; to the best of h in the said report are tru f the above-named resp formation in EFIS; to th	nis or her knowledge, information, and ue and the said report is a correct bondent, and 2) examined (and updated ne best of his or her knowledge,	
belief, all statement statement of the bu as applicable) the c	amined the foregoing ts of fact contained i siness and affairs o company's contact ir	g report; to the best of h in the said report are tru f the above-named resp formation in EFIS; to th	his or her knowledge, information, and ue and the said report is a correct bondent, and 2) examined (and updated he best of his or her knowledge,	
belief, all statement statement of the bu as applicable) the c nformation, and be	amined the foregoing ts of fact contained i siness and affairs o company's contact ir lief, all listed contac January 1	g report; to the best of h in the said report are tru f the above-named resp nformation in EFIS; to th its are correct. , <u>2014</u> , to and in Year	nis or her knowledge, information, and ue and the said report is a correct bondent, and 2) examined (and updated ne best of his or her knowledge, ncluding December 31,2014	
belief, all statement statement of the bu as applicable) the c nformation, and be rom	amined the foregoing ts of fact contained i siness and affairs o company's contact ir lief, all listed contac January 1 Month/Day	g report; to the best of h in the said report are tru f the above-named resp formation in EFIS; to th ts are correct. , <u>2014</u> , to and in Year Signature of Affi	nis or her knowledge, information, and be and the said report is a correct bondent, and 2) examined (and updated he best of his or her knowledge, ncluding <u>December 31</u> , <u>2014</u> <u>Month/Day</u> <u>Year</u>	
belief, all statement statement of the bu as applicable) the c nformation, and be rom	amined the foregoing ts of fact contained i siness and affairs o company's contact ir lief, all listed contac January 1 Month/Day	g report; to the best of h in the said report are tru f the above-named resp formation in EFIS; to th ts are correct. , <u>2014</u> , to and in Year Signature of Affi Notary Public, in and for day of Marce	his or her knowledge, information, and be and the said report is a correct condent, and 2) examined (and updated he best of his or her knowledge, ncluding <u>December 31</u> , <u>2014</u> Month/Day Year Month/Day Year mant (Company Official/Representative) or the State and County above named, 2015	
belief, all statement statement of the bu as applicable) the c nformation, and be from	amined the foregoing ts of fact contained i siness and affairs o company's contact ir lief, all listed contac January 1 Month/Day	g report; to the best of h in the said report are tru f the above-named resp formation in EFIS; to th ts are correct. , <u>2014</u> , to and in Year Signature of Affi Notary Public, in and fo	his or her knowledge, information, and be and the said report is a correct condent, and 2) examined (and updated he best of his or her knowledge, ncluding <u>December 31</u> , <u>2014</u> Month/Day Year Month/Day Year mant (Company Official/Representative) or the State and County above named, 2015	
belief, all statement statement of the bu as applicable) the c nformation, and be from	amined the foregoing ts of fact contained i siness and affairs o company's contact ir lief, all listed contac January 1 Month/Day	g report; to the best of h in the said report are tru f the above-named resp formation in EFIS; to th ts are correct. , <u>2014</u> , to and in Year Signature of Affi Notary Public, in and for day of Marce	his or her knowledge, information, and be and the said report is a correct condent, and 2) examined (and updated he best of his or her knowledge, ncluding <u>December 31</u> , <u>2014</u> Month/Day Year Month/Day Year mant (Company Official/Representative) or the State and County above named, 2015	