

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*RJR*

TF135  
 Diversified Voice MAIL ROOM 010446-R  
 23 Cedar Ridge Lane  
 Dix Hills, NY 11746-7937  
 DEPOSIT DATE  
 0075 MAY 31 2001

FOR PSC USE ONLY  
 Check# 1981  
 \$ 50.00 0603002  
 \$ 13.50 003001  
 \$ 2.50 0603002  
 004011  
 Postmark Date 5/23/01  
 Initials of Preparer me

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 5371.81
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 4961.85 )
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 409.96
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015) .61	50
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	10
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2
8.	TOTAL AMOUNT DUE	\$ 62.00
		1996 + 98 Balance — +4.00
		66.00

- APP
- CAF
- CMP
- COM
- CTR
- ECR
- LEG
- OPC
- PAI
- RGO
- SEC
- SER
- STH

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

Number of pay telephones in operation at close of period covered by this Return

*96 / 2-100*  
*98 / 2.50*  
*1*

\* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

[Signature]  
 (Signature of Company Official)

PROVIDENT (Title) 5/20/01 (Date)

Michael C. [Name]  
 (Preparer of Form - Please Print Name)

Telephone Number (621) 858-0011 Fax Number ( )

F.E.I. No. 056-58-8958 DOCUMENT NUMBER-DATE

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