

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TD926-02-0-R
Communications Consulting
21001 Windemere Lane
Boca Raton, FL 33428-~~1100~~
DEPOSIT DATE
030115 TC
FEB 03 2003
c: P. Ister D3000

ORIGINAL

FOR PSC USE ONLY	
Check# <u>2885</u>	
\$ <u>50.00</u>	0603002 003001
	P 0603002 004011
Postmark Date <u>1/29/03</u>	
Initials of Preparer <u>MC</u>	

PERIOD COVERED:
01/01/2002 TO 12/31/2002

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)	\$ <u>0</u>
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	
AUG	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	
CAF		
CMP	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
COM		
CTR	TOTAL AMOUNT DUE	\$ <u>50.00</u>
ECR		
GCL		
OPC		
MMS		
SEC		
OTH		

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

9. Number of pay telephones in operation at close of period covered by this Return 0

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

No Longer In Business, please cancel the certificate

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.

Lawrence Thase (Signature of Company Official) President (Title) 1/20/02 (Date)

(Preparer of Form - Please Print Name)

Telephone Number () Fax Number ()
F.E.I. No

Please cancel the certificate

DOCUMENT NUMBER-DATE
01036 FEB-3 03

P. Ister