O AVOID PE		phone Service Prov	ree return must be filed on or before 0 vider Regulatory Assessm	ent Fee Return	NAL
	Actual Return Estimated Return Amended Return  COVERED: 2002 TO 12/31/2002	Florida Publi (See Filing In TG257-02-0-R Edward E. Rockey 4145 Garand Lane West Palm Beach, F		S Check#	
	(Name of Company)		(Address)	(City/State	e) (Zip)
LINE NO.	Gross Operating Rev	ACCOUNT CLASSIF enue (Florida)	FICATION		AMOUNT
2.	Gross Intrastate Revenue				
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)  AUS CAF CMP				
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)  COM COM COM ECR				3500 °%
5.	Regulatory Assessme	ent Fee Due – (Multip	GCL		
6.	Penalty for Late Payr	nent (see "3. Failure to	MMS		
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)				
8.	TOTAL AMOUNT	DUE	\$_	5000	
			ORIDA STATUTES, THE MINIMULANT OF THE AMO	2	311
9.	Number of pay telephones in operation at close of period covered by this Return				
* These amo	ounts must be intrastate only and mu	st be verifiable.			
true and cor	rect statement. I am aware tha) p	bove-named company, have read oursuant to Section 837.06, Floric cial duty shall be guilty of a misd	the foregoing and declare that to the best of da Statutes, whoever knowingly makes a fals emeanor of the second degree.	f my knowledge and belief se statement in writing wit	the above information is a h the intent to mislead a
Tool	(Signature of Compar	y Official)	(Title)		S/26/03 (Date)
Edung	reparer of Form - Please	Print Name	Telephone Number ()	Fax Number	.()
(P	reparer of rothin - riease	i imi ivallej	F.E.I. No.	DOCUMENT	MPER-DATE
				0484	7 MAY 30 %