

Pay Telephone Service Provider Regulatory Assessment Fee Return

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

STATUS:
 _____ Actual Return
 _____ Estimated Return
 _____ Amended Return

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

TG735-02-0-R 030000-PU
 3290 Sunrise Investments, Inc.
 3291 West Sunrise Blvd. **DEPOSIT DATE**
 Ft. Lauderdale, FL 33311-5603
 CC: P. Isler D 353 JUN 02 2003

FOR PSC USE ONLY
 Check# 64029
 \$ 50.00 0603002
 \$ 10.00 P 003001
 \$ 2.00 I 0603002
 004011
 Postmark Date 5/27/03
 Initials of Preparer ME

Please Complete Below If Official Mailing Address Has Changed

3290 SUNRISE Investments, Inc. 3291 W. SUNRISE Blvd. FT. LAUD. FL 33311
 (Name of Company) (Address) (City/State) (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | AMOUNT |
|----------|---|----------------------|
| 1. | Gross Operating Revenue (Florida) | \$ <u>14,254.03</u> |
| 2. | Gross Intrastate Revenue | 14,254.03 |
| 3. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | (<u>6,273.48</u>) |
| 4. | TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) | \$ <u>7,980.55</u> |
| 5. | Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015) | <u>11.97</u> |
| 6. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | <u>2.99</u> |
| 7. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | <u>1.44</u> |
| 8. | TOTAL AMOUNT DUE | \$ <u>17.84</u> |

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC _____
 OTH None

*plus penalty
 62.02*

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 19

* 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.

Lori Parrish
 (Signature of Company Official)
LORI PARRISH
 (Preparer of Form - Please Print Name)

V.P. (Title) 5/27/03 (Date)
 Telephone Number 954 792-7963 Fax Number 954 792-7963

F.E.I. No. 59-1270576

DOCUMENT NUMBER DATE
04848 MAY 30 03
 FPSC-COMMISSION CLERK