

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 08/08/2002

TE987-02-0-R
PhoneTel Technologies, Inc.
North Point Tower
1001 Lakeside Avenue, 7th Floor
Cleveland, OH 44114-1151

DEPOSIT DATE

B391 - OCT 28 2003

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check#	
\$ <u>686.94</u>	0603002 003001
\$ <u>171.74</u>	P 0603002 004011
\$ <u>82.43</u>	I
Postmark Date	<u>10-23-03</u>
Initials of Preparer	<u>RF</u>

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>1,292,711</u>
2.	Gross Intrastate Revenue	<u>1,241,076</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(783,118)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>457,958</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>686.94</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>171.74</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>82.43</u>
8.	TOTAL AMOUNT DUE	\$ <u>941.11</u>
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	<u>2,409</u>

- AUS _____
- CAF _____
- OMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

* 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.

Donald Paliwoda
(Signature of Company Official)

CEO (Title) 10-21-03 (Date)

Donald Paliwoda
(Preparer of Form - Please Print Name)

Telephone Number 216) 875-4303 Fax Number ()
F.E.I. No. 34-1462198

DOCUMENT NUMBER - DATE

10571 OCT 27 8