Sto AND AND		the regulatory assessment fee phone Service Provide		essment Fed	e Return	0686	
STATUS	grande Grande Grande		Service Commission _(i)	· Heren Heine	FOR PSC US	E PRITY	
Actual Return Estimated Return Amended Return PERIOD COVERED: 07/01/2002 TO 12/31/2002		(See Filing Instructions on Back of Form) TE119-02-2-R Telaleasing Enterprises, Inc. North Point Tower, 7th Floor 1001 Lakeside Avenue Cleveland, OH 44114-1152 CC: P. Isler Please Complete Below If Official Marting Address Halching of 8 2003					
		Please Complete Below 11		Firau Bed O SARO	n o chine ocea Bo nign becknight	A. S. J 54 & 54 & 55	
	(Name of Company)		(Address)		(City/State)	(Zip)	
LINE <u>NO.</u>		ACCOUNT CLASSIFIC	CATION	· · · · · · · · · · · · · · · · · · ·	AMO	Olsder di Angesecon UNT	
1.	Gross Operating Rev	enue (Florida)			\$ <u>5,04</u>	<u>5,875</u>	
2.	Gross Intrastate Revenue				4,84	1,328	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)				(2,32	7,761)	
4	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)						
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)					1.85	
NS6 AF7 MP OM TR ECR	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)						
	Interest for Late Payment (see "3. Failure to File by Due Date" on back)				339.74		
	TOTAL AMOUNT DUE				\$ <u>\$,058.30</u>		
OPC	AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50						
MMSTHIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED SEC OTH						TED	
9.	Number of pay telephones in operation at close of period covered by this Return				9,950		
* These amounts must be intrastate only and must be verifiable.							
true and corpublic serve	rect statement. I am aware that p	la	Statutes, whoever knowingly mal eanor of the second degree.	(Title) 875- 4303	in writing with the intended of the control of the	t to mislead a	
				DOC	UMENT NUMBER	r	