

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date:	8/27/2004	Docket No.:	040970-TT
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1. Division Name/Staff Name: | Division Of Competitive Markets & Enforcement/Isler

2. OPR: Division Of Competitive Markets & Enforcement

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Compliance investigation of Prepaid Network Corp. for apparent violation of Section

5. Suggested Docket Mailing List (attach separate sheet if necessary)

A. Provide NAMES OR ACRONYMS ONLY if a regulated company.

B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

2. Interested persons and their representatives (if any):

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

09404 AUG 27 3

G:\est.doc
FPSC-COMMISSION CLERK

STATE OF FLORIDA

COMMISSIONERS:
BRAULIO L. BAEZ, CHAIRMAN
J. TERRY DEASON
LILA A. JABER
RUDOLPH "RUDY" BRADLEY
CHARLES M. DAVIDSON



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

June 10, 2004

Mr. Wilson A. Madera, Secretary and COO
Prepaid Network Corp. (TJ824)
3191 Coral Way, Suite 701
Miami, FL 33131

Dear Mr. Madera:

The Regulatory Assessment Fee (RAF) is due by January 30th of each year for the preceding calendar year. For certificate holders, the RAF is owed even if a telecommunications company may not have started operations or had any revenues. Since payment has not been made, statutory penalty and interest charges are now applicable.

Our records show that the 2003 RAF return notice was mailed on December 12, 2003, and a delinquent notice was mailed on February 20, 2004. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2003 RAF return form is enclosed. If full payment, including penalty and interest charges, along with the RAF return form, are not received by July 2, 2004, a docket may be established. Your company may be fined or your certificate cancelled if you do not respond. Please note that once a docket has been established, **just paying the delinquent RAF amount will not prevent your certificate from being cancelled.**

If you wish to cancel your certificate voluntarily and leave in good standing with the Commission, your company should pay the past due amount in full, complete the 2003 RAF return form, either pay the 2004 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.474, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to collections. When returning payment and a copy of the completed 2003 Regulatory Assessment Fee return form, please use the enclosed blue envelope, which will insure prompt processing.

If you have any questions, please contact me at (850) 413-6502, by fax at (850) 413-6503, by e-mail at pisler@psc.state.fl.us, or by writing to me at the address below.

Sincerely,

A handwritten signature in black ink that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures
TMS #1413

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
08/26/2003 TO 12/31/2003

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ824-03-0-R
 Prepaid Network Corp.
 3191 Coral Way, Suite 701
 Miami, FL 33131

P. Isler

FOR PSC USE ONLY

Check# _____

\$ _____ 0603001
 _____ 003001

\$ _____ P _____
 _____ 0603001
 _____ 004011

\$ _____ I _____

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	_____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	_____	\$ _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ _____

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

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Carrier Reseller Call Aggregator
 Alternate-Operator Service Rebiller Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

_____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)
 What is the total amount of customer deposits collected? What is the total amount of bond held (if applicable)?
 Amount: \$ _____ for 19____ Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

_____ (Signature of Company Official) _____ (Title) _____ (Date)
 _____ (Preparer of Form - Please Print Name) Telephone Number (_____) Fax Number (_____)

F.E.I. No. _____

25-24.474 Cancellation of a Certificate.

(1) The Commission may on its own motion cancel a company's certificate for any of the following reasons:

(a) Violation of the terms and conditions under which the authority was originally granted;

(b) Violation of Commission rule or order; or

(c) Violation of Florida Statutes.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request:

(a) Statement of intent and date to pay Regulatory Assessment Fee.

(b) Statement of why the certificate is proposed to be cancelled.

(c) A statement on treatment of customer deposits and final bills.

(d) Proof of individual customer notice regarding discontinuance of service.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority: 350.127(2), F. S.

Law Implemented: 350.113, 350.127(1), 364.285, 364.337, 364.345, F.S.

History: New 2/23/87, amended 3/13/96.

COMPANY IDENTIFICATION

Printed on 04/28/2004 at 10:59:37 by PJI

Complete Name: Prepaid Network Corp.

Mailing Name: Prepaid Network Corp.

Company Code: TJ824 FEID Number:

RAF ACCOUNT FOR THE PERIOD 01/01/2003 THROUGH 12/31/2003

Reg. Date: 08/26/2003 Inactive Date: 4
 Service: IXC - Interexchange Telephone
 Received: No RAF Form 8
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 0 Payments Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate: Net RAF Due: \$0.00

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Period covered: 01/01/2003 through 12/31/2003 RAF rate: \$0.00
 Operating rev: \$0.00 Interstate rev: \$0.00
 Documents: RAF form faxed on 02/23/2004
 Remarks: Sent to Carla at (305) 448-1762
 Delinquent letter mailed on 02/20/2004
 Delinquent letter mailed on 02/19/2004
 RAF form mailed on 12/11/2003

MCD Company Information for TJ824

Printed on 08/26/2004 at 12:25:11 by PJI

Company Code: TJ824
Complete Name: Prepaid Network Corp.
Mailing Name: Prepaid Network Corp.
Certificate No(s):
Status: Active
Regulation Date: 08/26/2003
Bankruptcy: No
Company Liaison #1: Wilson A. Madera
Title: Secretary and COO
Mailing Address: 3191 Coral Way, Suite 701

Physical Location: Miami, FL 33131
3191 Coral Way, Suite 701

Phone: Miami, FL 33131
(305) 448-1702
Fax: (305) 448-1762

Related Dockets:
030862-TI Acknowledgment of registration as intrastate interexchange
telecommunications company effective August 26, 2003, by Prepaid
Network Corp.