

040904-77

Records/
Paula

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- ___ Actual Return
- ___ Estimated Return
- ___ Amended Return

03
 TJ153-04-0-R
 Public Telephone Network, Inc.
 900 N. W. 54th Street
 Miami, FL 33127-1818

DEPOSIT DATE

5 15 DEC 30 2004

PERIOD COVERED:

01/01/2004 TO 12/31/2004
 01/01/2003 TO 12/31/2003

FOR PSC USE ONLY

Check# 3391

\$ 50.00 06-03-001
003001

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 12-23-04

Initials of Preparer PT

Please Complete Below If Official Mailing Address Has Changed

SAME

(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**

\$ -0-

\$ -0-

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- GPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

* 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: NOT CURRENTLY OPERATING

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? Amount: \$ _____ for 19 _____

What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES (X) 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.

Garth C. Reeves
 (Signature of Company Official)
GARTH C. REEVES
 (Preparer of Form - Please Print Name)

PRESIDENT
 (Title)

12/22/04
 (Date)

Telephone Number 305 694-6220 Fax Number 305-756-0771

F.E.I. No. 65-0200945



PUBTEL

SPECIAL DELIVERY--FEDEX

December 22, 2004

Ms Blanca Boyo, Director
Division of the Commission Clerk & Administrative Services
Florida Public Services Commission
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

Re: IXC Docket No. 040904-TI
PSC-04-1246-PAA-TI
Public Telephone Network, Inc.

Dear Ms. Boyo:

In regard to the referenced docket number, the past due Regulatory Assessment Fees in the amount of \$68 is enclosed with form PSC/CMP-153. Public Telephone Network, Inc fees in the future will be paid on time now we know it is due by January 30th of each year.

Public Telephone Network, Inc. has requested the State of Florida to reinstate its corporation status. Attached are a copy of the corporate instatement form and a copy of check paying the appropriate fees.

Public Telephone Network is requesting to make a monetary settlement for not paying Regulatory Assessment Fee in the amount \$400.00

Thank you.

Sincerely,

Garth C. Reeve
President
Public Telephone Network, Inc.

GR/eb

Enclosures

Use envelope for Airborne's "Express Services" only,
or a package fee may be applied

Please place
special service
sticker here
if necessary

FROM		41547357	Payment	Origin	Waybill Number
BLACK ECONOMIC DEVELOPMENT COALITION INC 6015 NW 7 AVE			Bill to:	ORF	15749809541
MIAMI	FL 33127		Receiver:	<input type="checkbox"/> 3rdParty	<input type="checkbox"/> 3rdParty
	385-751-8934		<input type="checkbox"/> Paid in Advance		1 800 Call-DHL
TO			Billing Reference (will appear on invoice)		
2540 SHUMARD OAK BLVD TALLAHASSEE Ms BLANCA BAY FL 32399 FL PUBLIC SERVICE COMMISSION 8054136502			# of Pkgs	Weight (LBS)	Packaging One box must be checked
001 0304 S-11 PACKAGE LABEL			<input type="checkbox"/>	<input type="checkbox"/>	Express Envelope <input type="checkbox"/> Express Pack <input type="checkbox"/> Other Packaging <input type="checkbox"/>
Special Instructions			<input type="checkbox"/> SAT <input type="checkbox"/> HAA		
			<input type="checkbox"/> LAB <input type="checkbox"/>		
001 0304 S-11 PACKAGE LABEL			15749 809541		
			15749809541		
			15749 809541		
			15749 809541		
			THH TOW K		

Next Day
10:30 ▶
Next Day
12:00 ▶
Next Day
3:00 ▶
2nd
Day ▶



United States Shipping

1. Complete applicable white sections of the U.S. Airbill. Sign and date the Airbill at the Sender's Signature line. Please press hard.
2. Peel off protective covering from back of Airbill.
3. Affix Airbill to pack within dotted lines shown.
4. When using Drop Box - follow special instructions on the Drop Box.

International Shipping

Includes Canada & Puerto Rico

To help ensure legibility of this multiple-part form, please type.

1. Complete applicable sections of the International Express Airbill. Sign and date the Airbill at the Sender's Signature line.
2. Place Airbill and necessary documentation in plastic sleeve. Seal sleeve.
3. Peel off backing of plastic sleeve.
4. Affix plastic sleeve to envelope.



Limitations of Liability

Liability of Airborne Express is limited to \$100.00, unless a higher value is declared for carriage on our airbill. Airborne Express shall not be liable in any event for special, incidental or consequential damages, including but not limited to loss of profits or income. Services are provided as defined in the current Airborne Express Service Guide (subject to change without notice). Copies are available upon request.

Shipment Weight

The shipment will be billed based on the whole pound rate. Fractions of a pound will be calculated at the next higher pound.

To reach your local CUSTOMER SERVICE CENTER
call 1-800-AIRBORNE (1-800-247-2676).