

**ORIGINAL**

050495

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)

TG791-05-0-R  
Cincinnati Bell Public Communications Inc.  
201 East 4th Street, Room 346-300  
Cincinnati, OH 45202-4122  
  
(Docket No. 050495-TC - Isler)  
  
589 SEP 10 2005

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 61830

\$ 50.00 06-03-001  
003001

\$ \_\_\_\_\_ P 06-03-001  
004011

\$ \_\_\_\_\_ I

Postmark Date 9-7-05  
Initials of Preparer RT

Cincinnati Bell Public Communications 201 E. 4th St, Rm 346-300 Cincinnati OH 45202  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
<u>CMP</u> 2.	Gross Intrastate Revenue	<u>0</u>
<u>COM</u> 3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( <u>0</u> )
<u>CTR</u> 4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>0</u>
<u>ECR</u> 5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>0</u>
<u>GCL</u> 6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
<u>OPC</u> 7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
<u>RCA</u> 8.	Extension Payment Fee (see "4. Extension" on back)	<u>0</u>
<u>SCR</u> 9.	<b>TOTAL AMOUNT DUE (MINIMUM \$50.00)</b>	\$ <u>50.00</u> <sup>(2)</sup>
<u>SGA</u> 10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>
<u>SEC</u> <u>1</u>		
<u>DTH</u> <u>N.B.</u>		

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

[Signature] Managing Director - Coop Tel 8/30/05  
(Signature of Company Official) (Title) (Date)

Kimberly H. Sheehy Telephone Number 513-397-7772 Fax Number 513-721-5859  
(Preparer of Form - Please Print Name)

F.E.I. No. 31-1704789 DOCUMENT NUMBER-DATE

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