

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:
01/01/2006 TO 12/31/2006

TH044-06-0-R
 William W. Pastis
 700 N. Coronado Street, Apt. 1040
 Chandler, AZ 85224-7305
 Docket No. 060171-TC
DEPOSIT DATE
 638 MAR 21 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 1010
 \$ 50.00 06-03-001
 \$ _____ 003001
 \$ _____ 06-03-001
 \$ _____ 004011
 Postmark Date 03-21-06
 Initials of Preparer WT

RECEIVED - PSC
 06 MAR 21 - AM 9:24
 COMMISSION CLERK

Records & Paula

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>Ø</u>
2.	Gross Intrastate Revenue	<u>Ø</u>
CMP 3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾	
COM _____	(see "2. Fees" on back)	(<u>Ø</u>)
CTR <u>4.</u>	TOTAL REVENUES for Regulatory Assessment Fee Calculation	
ECR _____	(Line 2 less Line 3)	\$ <u>Ø</u>
GCL <u>5.</u>	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	
OPC 6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	
RCA _____		
SCR <u>7.</u>	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
SGA <u>8.</u>	Extension Payment Fee (see "4. Extension" on back)	
SEC <u>9.1</u>	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ <u>50.00</u> ⁽²⁾
OTH <u>10.</u>	Number of pay telephones in operation at close of period covered by this Return	<u>Ø</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.

William W. Pastis _____
 (Signature of Company Official) (Title) (Date)

William W. Pastis
 (Preparer of Form - Please Print Name)

Telephone Number (480) 812-4906 Fax Number _____

F.E.I. No. _____

DOCUMENT NUMBER - DATE
02501 MAR 21 06