

ORIGINAL

RECEIVED-FPSC

06 JUL 28 AM 11:48

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

060466

Media & Telecom Ventures  
1213 Lake Avenue, Suite 101  
Lake Worth FL 33460-3603

2. Article Number

(Transfer from service label)

7005 1160 0003 8789 5024

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



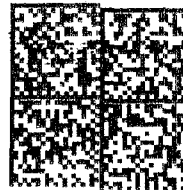
7005 1160 0003 8789 5024 Delivery Attempted Not

Media & Telecom Ventures  
1213 Lake Avenue, Suite 101  
Lake Worth FL 33460-3603

MLNR

6001

*[Handwritten Signature]*



Neopost

047J82004132  
\$04.640  
07/20/2006  
Mailed From 32399  
US POSTAGE

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

334604360389500850



CMP  
COM  
CTR  
ECR  
GCL  
OPC  
RCA  
SCR  
SGA  
SEC  
HTO

DOCUMENT NUMBER - DATE

06704 JUL 28 08

FPSC-COMMISSION CLERK

SCANNED