RIGINAL TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2007 Pay Telephone Service Provider Regulatory Assessment Fe

	Florida Public Service Commission	FOR PSC USE ONLY
STATUS:	(See Filing Instructions on Back of Form)	Check#
Actual Return Estimated Return	TH039-06-0-R Dean Newell (060465)	50.00 06-03-001 UG AUG - 8 P003001
	Tarpon Springs, FL 34689-7019	sB s6_iPt M1 <96-93-001
PERIOD COVERED: 01/01/2006 TO 12/31/2006	671 AUG 0 3 2005	S REDALENTED
Records	07 * HOG 6 0 2004	Postmark Date 5-1-06
1 t pour	Please Complete Below If Official Mailing Address Has Changed	

		(Name of Company) (Address)	(City/State)	(Zip)
	LINE NO.	ACCOUNT CLASSIFICATION		AMOUNT
	1.	Gross Operating Revenue (Florida)	\$	
	2.	Gross Intrastate Revenue		
	3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	()
COM	4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$	
ECR	5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)		<u></u>
OPC	6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
RCA _	7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		· · ·
SCR _	8.	Extension Payment Fee (see "4. Extension" on back)		
SGA SEC	9. ľ	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$	50 2)
OTH _	<u> </u>	Number of pay telephones in operation at close of period covered by this Return		<u></u>

These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
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 millead a public servapt if the performance of his official duty shall be guitty of a misdemeanor of the second degree.

Mull	Oure!	7/31/06.
(Signature of Company Official)	(Title)	(Date)
(Preparer of Form - Please Print Name)	Telephone Number <u>(727 939-334 7</u> Fax Numb F. <u>E.I. No.</u> 55#	
PSC/CMP 026 (Rev. 01/05) * PLEASE CONCEL M	C:\DOCUME~1\pisler\LOCALS-1\Temp\foxmerge54 ACCOUNT effective e 1	687514 vxxmergeformxx.doc ACCACHENTEXX 34 AUG -8 S